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Kansas City Medical Index.

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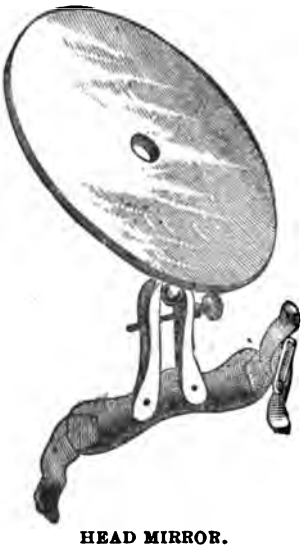

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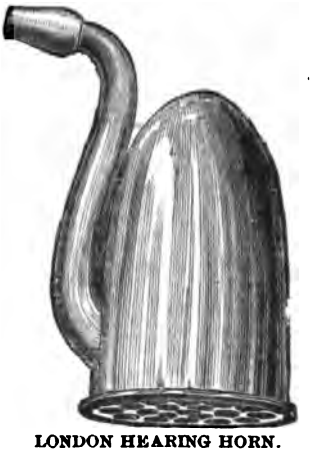

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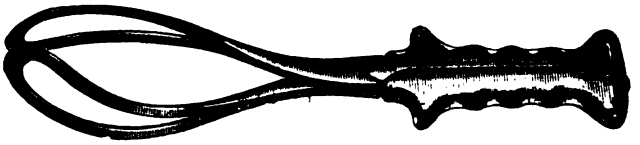

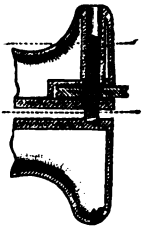

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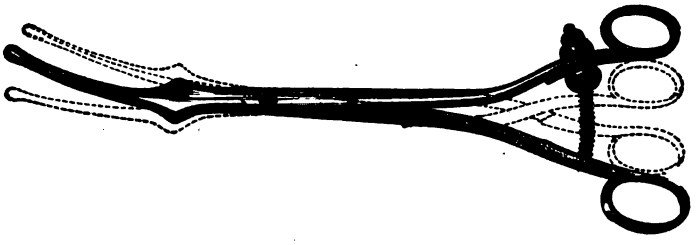

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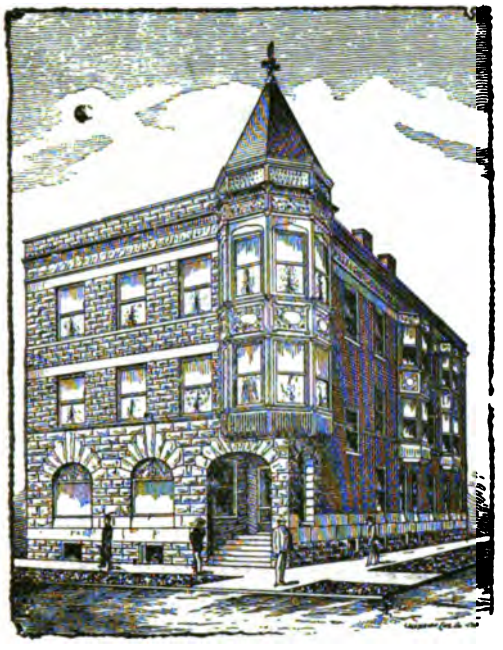

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EMORY LANPHEAR, M. D., PH. D.

A WESTERN JOURNAL, BY WESTERN WRITERS, FOR WESTERN PHYSICIANS

VOL. XIV., No. 12. DECEMBER, 1893. WHOLE No. 168.

ORIGINAL ARTICLES.

WHITE BILE.*

BY WM. F. KUHN, A. M., M. D., KANSAS CITY, MO.

Professor of Physiology and Therapeutics, University Medical College.

Duringthe fatal illness of Mrs. N., there occurred a pathological condition that may be of some interest to the profession, on account of its rarity and bearing that it may have upon the disease of the blood. The patient was suffering from tuberculosis of the mesentery and two weeks prior to her death there appeared a soreness at the lower border of the ribs on the right side, very painful to the touch and upon bimanual manipulation there could be readily outlined a small tumor, tense, very painful and imparting a tremor to the finger. As no relief could be obtained, the tumor was aspirated and about six drachms of a limpid, watery liquid was withdrawn. The operation relieved the patient and the tumor had decreased fully two-thirds The question naturally suggested itself what is this liquid and what is its source? Could it be a hydatid cyst? The liquid when subjected to a chemical and microscopical examination was shown to contain neither crystals, debris or albumen, a large amount of sodium chloride, sugar, a trace of taurocholate of soda, and cholesterine. Dr. Musser, in Keating's Cyclopedia of Diseases of Children says, "The fluid of a hydatid cyst contains salt in large quantities, sugar, no albumen and is a translucent liquid." Dr. Bartholow says, "It contains no albumen, but contains sugar, chloride of sodium, cholesterine and often bile salts." Dr. Harley in his work on Diseases of the Liver says, "The fluid of a hydatid cyst is a pale, limpid alkaline liquid, loaded with chloride of sodium, but neither albumen or urea, under the microscope it is found to contain, but not always hooklets and plates of cholesterine." He enumerates six fluids that can be found in aspirating in the abdominal cavity,—"Pus from an abscess; pure bile from the gall bladder; pure viscid and albuminous fluid from an ovarian

*Portion of paper read before the Jackson County Medical Society.

tumor; clear albuminous fluid from ascites, urea in hydronephrosis; and limpid non-albuminous from a hydatid; the chlorides in hydronephrosis and hydatid; cholesterine in the ovarian and hydatid cysts." Coupled with these authorities was the tumor, forcing itself from under the right lobe of the liver, increasing in size, attached to the liver and the peculiar tremor imparted to the fingers upon manipulation, forced the diagnosis that a hydatid cyst had been aspirated.

The patient died in two weeks from the time the tumor was aspirated, and I was fortunate in securing a post-mortem, fortunate in cause of science but very unfortunate for my diagnosis of a hydatid.

The post-mortem revealed a tubercular condition of the mesentery, and tubercular nodules over the peritoneum and capsule of the liver. The capsule of the liver was tough, resistant and adherent to the parietes and diaphragm. The substance of the liver was soft, doughy, friable having undergone a fatty degeneration. The gall ducts were empty and no bile could be found in them. The supposed hydatid cyst was the gall bladder and when removed contained a white viscid liquid and fourteen gall stones. The calculi were nearly entirely of chloresterine having a nucleus of inspissated bile. In the neck of the gall bladder was encysted another calculus effectually sealing the gall bladder.

The liquid in the aspirator came from this occluded gall bladder, and the peculiar pur or tremor imparted to the fingers was the sliding of the calculi upon each other. As this pur or tremor has been considered one of the special diagnostic signs in hydatid, we must conclude with the tiller of the soil that all signs fail in dry weather. The fluid that was obtained before and after death was white bile. From the occluded gall bladder we must necessarily infer that this white bile had been stored up in the cyst for some time, perhaps even years, and the sudden distended condition and consequent pain attending it was due to the excessive secretion of the mucus glands that are in the mucous surface of the cyst.

What is white bile? There are three theories or definitions in regard to it.

1st. White bile contains all the constituents of normal bile except the pigment.

2nd. White bile was normal bile but owing to its being imprisoned in the gall bladder the pigment has been absorbed.

3d. White bile is the secretion of normal bile and the absence of the pigment is due to the arrest of the oxygenation of blood hæmatin.

These three theories differ materially, in the first the absence of pigment is noted but no explanation given as to the cause. The second give absorption as the cause of the absence of the pigment. While the the third explains it on the chemico-physiological basis. The latter is the most reasonable one, but it contains an error in the assumption of the arrest of the oxygenation of blood hæmatin. In the history of this case appears the fact that at no time during the illness was there a trace of jaundice, even after the fæces indicated the absence of bile secretion. This would prove the statement that no pigment was present in the bile to stain the skin, and none to absorb from the

imprisoned bile in the gall bladder. While we must not forget the fact that the fatty degeneration of the liver to some extent at least destroyed the secreting function of the liver. If it were true that no pigment existed in the bile because of the arrest of the oxygenation of blood hæmatin there should not be any reaction of bilirubin or bilverdin on a chemical test. Let us see; while testing for albumen there occurred a phenomenon that was at least surprising. After I had boiled the liquid in a test tube and had added nitric acid the liquid remained clear and had more the appearance of water. I threw the tested liquid in a large porcelain wash basin, the basin was cold, and instantly the liquid changed to a greenish yellow and a beautiful play of colors could be seen for some minutes. Here was a reaction of bilirubin without a doubt and the white bile became normal bile. We are therefore forced to the conclusion that bile pigment was present in some form. What was that form? I believe the sudden change was due to a union of the pigment factors. And the difference between normal bile and white bile is the presence of pigment in the former and pigment factors in the latter. White bile is a secretion from a normal liver, physiological secretion of a pathological product. It is believed that the pigment of the blood (hæmatin) and that the bile bilirubin and bilverdin differ only in hydration or oxygenation. If it were simply an arrest of this change, there ought to circulate in the blood, secreted by the liver and excreted by the kidney, hæmatin or iron-free-hæmatin (hæmato-porphysin). As this does not occur we must look farther. The coloring matters in the body are of a highly complex nature, especially those of the blood and bile, there is a genetic relation existing between them, and while hæmatin (the coloring matter of the blood) is changed to bilirubin by oxygenation and bilirubin into bilverdin, and this power continue to other compounds, is it not equally true that sealed in nature's laboratory are compounds yet undiscovered, and is it not possible that in white bile there is a pathological condition where the hæmatin is resolved into the factors of pigment and in the chemical change dependent upon heat, acid evaporation and sudden condensation by cold have reunited those factors and restored the pigment?

I would therefore conclude that white bile differs from normal bile in the absence of pigments, but the presence of pigment factors which have been formed by a de-hydration and de-oxygenation of its precursor hæmatin. Whatever may be the theory of its occurrence, it is one of special interest to the physiologist and the pathologist.

SUTURES AND BANDAGES IN GENERAL PRACTICE.

BY H. E. PEARSE, M. D., KANSAS CITY, MO.

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It seems necessary to say in the beginning of this paper that to general practice belongs much of the surgery of accident and disease. There are some who have intimated that the lines between physician and surgeon should be more closely drawn. Such is not the case. The physician of to-day, the one who does his work most acceptably to all, is largely given to minor operative

procedure. We have followed the work of the surgeons, and have made it our own. We have come into a way of using our fingers and instruments more and our bottles and powders less. For instance; a few years ago acute salpingitis was treated by leeches or a poultice to the abdomen and calomel and opium internally. Now the uterus is cleaned and drained and the salpingitis treated by a course of tampons and douches with better results.

The physician of to-day places a plaster cast or an adhesive dressing on a sprained ankle, and gets better results than one of old who rubbed on liniment to draw out the soreness. The physician of to-day does not order a mass of milk and bread, or flaxseed meal, reeking with germs and capable of being used as a culture field for any species of pathogenic microbes, when a boil, felon or other phlegmon is developing; instead he incises it at once, because he knows that pus or an area of pus-microbe-infected tissue does not need to "get ripe" enough to "lance," and he supplements the incision with free irrigation and a few layers of wet bi-chloride gauze covered with a layer of gutta percha tissue, thereby making a moist antiseptic dressing.

I do not desire here to be understood as casting any reflection upon those gentlemen who still apply a pound or two of flaxseed to a felon, and wait for it to "get ripe", while the inflammation is slowly and surely destroying a major part of the finger ; for, as Marcus Antony has said, "They are honorable men —all honorable men". But I do wish to emphasize the fact that the general practioner must be to a very considerable extent a surgeon, and he must not couple the medical treatment of 1893 with the surgical procedures of 1853. He should understand thoroughly what measures are successfully antiseptic and what constitutes asepticism. He must understand the methods of bacterial infection of wounds and tissues, and the generation of toxic substances. The laity have become familiar with the accomplishments of surgery, and they demand some evidence of it in the treatment of diseases, accidents and injuries of everyday life. His profession demands that he understand to the most minute detail the prevention of septic infection of exposed tissues and their proper care and treatment when so infected. He must not sew up a dirty wound with a dirty thread, and he must carry about, and be familiar with, a few simple surgical appliances that are safe and effective.

For sutures there are but two materials worthy of the general practitioner's attention: silk and silk-worm gut. Silver wire is too harsh, too diffiicult of application and removal, and gets in the way of overdressings. Kangaroo thread is too rare and expensive. Catgut too hard to select and prepare, too difficult to carry, as it must be kept in fluid, too easily contaminated by exposure and too hard to sterilize again when infected. It is a delightful suture when the conditions for its use are just right, but it belongs to the occasional use of the exclusive surgeon, not to the general practioner.

In buying silk, one should get of four sizes: first, the large pedicle silk; second, number twelve; third, number eight; fourth, number one or two. These sizes are good for all work. For external sutures I prefer, when possible, to get the black dyed, as it shows up plainly against the white skin when the time comes for removal. The silk should be sterilized by boiling while

wound loosely on a wooden spool. It can be carried in the satchel rolled up in bi-chloride gauze surrrouned by cotton, and over all a twist of rubber tissue. Silk is the best suture and ligature material we have. It is the only one that can attempt first place. It is cheap, strong, light, flexible and durable, can be quickly and easly sterilized by simply boiling, in any place where fire and water can be had, and can be used anywhere in the body, buried or exposed, if kept clean in its passage from the boiling pan to the tissues. Time and again have I seen surgeons throw away a treacherous catgut thread that breaks or slips, and substitute therefor a silk one. There is a "sight of comfort" (to use a New Englandism) in pulling home a strong silk ligature with clean fingers over a point to be secured. One knows it will stay, and that it is safe. There is "nothing the matter" with good silk thread.

Silk-worm gut has the advantage over silk in that it is non-absorptive; over silver wire that it can be tied into an ordinary knot. It has the disadvantage, when contrasted with silk, of being always cut in short lengths and of lacking in perfect flexibility; yet it is a very valuable material, and will be used more as time passes. It can be carried the same as silk, wrapped in a little dry bi-chloride gauze and cotton with rubber tisssue outside. It can be sterilized by dipping in boiling water—prolonged boiling is apt to roughen and injure it; and it can be used in any needle that is suitable for silk or catgut. It is the ideal suture for closing a tear in the perinæum or gaping wound of large size in coarse yet vascular tissue, as the belly or thigh. In buying one should select a large strand and *test its strength.* Some of it is worthless. It is a new material and will be better made after a while.

Wherever a stitch is needed a bit of gauze is generally needed too, and I keep in my satchel a bottle each of iodoform gauze and of bi-chloride gauze. I put a bunch of sterilized cotton between the iodoform gauze and the cork of the bottle, as iodoform is feebly antiseptic and iodoform gauze is easly ruined by exposure, I also keep the bi-chloride gauze very wet in 1-1000 watery solution of mercuric bi-chloride. When called upon to dress temporarily, perhaps permanently, a wound at a dirty tenement or in a distant field, without a basin or towel, one will bless himself for those few drams of clean antiseptic fluid that he can squeeze from the gauze. Iodoform gauze *unless contra-indicated by its odor,* should always cover every exposed suture.

Cotton bandages should always be made from unbleached muslin five yards long and of varying width. Whenever possible I save a few that have not been much soiled and send them to be boiled, washed and ironed. They are softer and better after passing through the laundry.

I do not use cotton bandages in fractures and wounds of the aged, it chafes the tender skin, in which trophic changes are already taking place. I use either white or soft gray flannel. Such patients always thank me for it. It is grateful to them. The bandage plain as above described should be used to retain all wound dressings and must be applied so as to cause no injurious pressure. They are also to be applied to the retention of splints in case of fracture of bones.

The use of the wooden or cardboard splint and bandage is still the most

ready and available way of treating all fractures except those of the skull, spinal bones, ribs and clavicle. All the long bones can be advantageously treated by a splint of good width whittled out of pine board ⅛ to ¼ of an inch thick, so as to be free from sharp angles and corners; or composed of pasteboard or cardboard cut in proper shape, dipped in warm water and applied while soft. Either board or cardboard should be well padded with cotton and applied with a snug bandage so as to retain the bones in apposition and immobilize the joint on each side of the fracture. Should the fracture be a compound one, we should always—and this does not mean nearly always, but *always*—apply at once a wad of wet bi-chloride gauze over the external wound and fix the parts temporarily, then summon assistance, anæsthetize the patient, sterilize the hands, clean the parts, open the wound further and examine with the fingers the ends of the broken bones; then remove all loose splinters, all dirt, thoroughly wash and irrigate the wound, sterilize by a long douching with a solution that is antiseptic, dress as any other wound, with or without drainage, as the case may demand, and after applying the wound dressings apply the ordinary fracture dressings as in simple fracture. Too much time and care cannot be spent over the thorough cleaning of a compound fracture, nor is it ever safe to dress such a fracture without anæsthesia and further incision.

Plaster of Paris bandages form one of the very best dressings we have where the object is to immobilize the parts. They are made of cheesecloth, better of crossbar muslin, better yet of crinoline, rolled in plaster of Paris, so that the meshes of the cloth are thoroughly filled with the plaster. These can be preserved indefinitely if kept dry, and after a preliminary layer of cotton may be applied to any desired part of the body. I carry mine in a small tin box, sealing the lid with a strip of rubber plaster. In applying it I make it a rule to never reverse a plaster bandage, as is always done in a cotton bandage; but when it runs out of its course cut it off and start again. I find four layers of crinoline, rich in plaster, enough for a fixed dressing of an upper extremity; six for a lower.

Silicate of soda, or "soluble glass," is the only other substance needed by a general practitioner who has plaster of Paris at hand. It is used as follows: For every twelve inches (length) of cast one pint of silicate of soda is placed in a basin, and an ordinary muslin bandage rolled in it just as crinoline is rolled in plaster of Paris. It is then applied direct. It is used as a permanent cast, is lighter and stronger than plaster and is more useful as a dressing in the later stages of repair, when the patient desires some liberty of movement about the house.

Adhesive bandage, which is adhesive plaster cut in convenient width, is valuable in the treatment of clavicle, scapula and rib fractures. I have never dared use it on the radius, as recommended by recent writers. But the overlapping bandage for fracture of the ribs applied from spine to sternum, and each overlapping the preceeding one half its width; and the Sayre dressing for fractured clavicle, leave but little to be desired.

The adhesive bandage will often be of service in obstinate and chronic

ulcers. Its application here, however, demands an especially careful study, as like the compression of an inflamed epididymus with adhesive plaster bandage, all will depend upon the skill of the application, and the manner of applying cannot be given in this short paper.

To sum up, then: for sutures use silk or silk-worm gut; for ligatures, sterilized silk; for ordinary bandages, cheap muslin; for bandages in children and the aged, soft white flannel; for permanent dressings, plaster of Paris, and for a supplement to the plaster of Paris the soda bandage, when the case can be allowed the freedom of the room or house.

IS THE PRACTICE OF THE SO-CALLED LOCAL UTERINE TREATMENT BASED UPON UTERINE PATHOLOGY?*

BY J. W. FELTY, M. D., ABILENE, KANSAS.

There is, perhaps, no organ, in the human body which is so much treated and so mal-treated as is the uterus. It has been scarified, cauterized and excised, for the same pathological condition. The remedies applied are nearly all "specifics" and they are legion. The patent medicine manufacturers and venders have an "infallible cure" and the quack and charlatan run riot, preying upon the unfortunate victims who may have or may not have some chronic uterine disease. I am alluding particularly to the patient who has received "uterine treatments" (whatever that may be) for the past five, six, eight or maybe, ten years, but who still remains on the speculum list and pay roll. In the language of Artemus Ward, we ask with all candor "Why is this thus?"

In 1845 Bennett published his work on "Inflammation of the uterus;" in which he taught that the prime cause for the many ills in the female economy was an inflammation of the cervix and cervical canal; and that menstrual disorders, displacements, ulceration, etc, were all results of a common cause. His idea that caustics and the speculum rank first in the gynæcological armamentarium satisfied the profession for nearly thirty years. In fact, there are strong evidence that we are still laboring under his teachings. In an admirable paper Goodell writes thus, relative to Bennett's work and its influence: "Written with dogmatic zeal, advising a definite treatment to a reachable and seeable object—a treatment which the humblest yeoman of the profession could carry out—few books of modern times have exerted so great and widespread influence. In the general enthusiasm it was soon forgotten that every mucous membrane secretes, and that it must of course give evidence of its own secretion, just as every nose contains mucus. Naturally, then, not a womb being found healthy from the speculum standpoint, this much abused organ was charged with being the cause of almost all the ills that female flesh is heir to, and it was treated—that is to say, mal-treated for every imaginable cause that could not be referred off hand to some other organ. Bennett, the medical Frankenstein, had evoked a monster which could not be curbed, and for five and thirty years the speculum and applications run riot."

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*Read before the Kansas State Medical Society.

We are yet following the teachings of tradition. Few things are so tenacious. The school of empiricism in this branch of medicine, perhaps as much as any, has too many advocates; and yet few progressive minds at this time will hesitate to investigate or inquire into the cause or pathology of the diseased condition. The "ball and chain of tradition" as Goodell calls it, "still drags at the heel of this branch of science" and many a womb receives its bi-weekly application of iodine and is deluged with hot water, not because the conditions call for it, but because of tradition or false teaching. The progessive physician of to-day, however, must demand rational medicine and in doing so, tradition and empiricism will soon cease to leave their footprints. Pathology and physiology will always remain the basis of rational medicine. Physiology has recieved its share of attention but pathology has not, which accounts for the myriads of women in search for health.

It must be apparent to us all that if we fully comprehend the exact cause of a disease or disorder the treatment must become simplified, and yet the full significance, of this fact I know is not fully appreciated or a more thorough, diligent, and painstaking research would take the place of the slipshod, haphazard and unscientific uterine treatment or "uterine tinkering". But this is not all. If these so called "uterine treatments" were productive of no harm it might be overlooked, but absolute injury is very often irreparable. To illustrate, not long since I received a call to see a lady who had been receiving "treatments" for nearly four months. The os, neck and lining membrane of the uterus received their bi-weekly cautery with nitrate of silver and iodine. To reassure himself and his patient that her uterus was thoroughly poised, tipped neither to the right nor to the left, to the front or back, that treacherous and disease-producing instrument—the uterine sound—was repeatedly passed. This process, whatever you may choose to call it, produced an inflammatory action—an endometritis—and severe pain, causing the patient to take her bed, soon followed. He inserted a pessary. Not content with the mischief he had done, he was certain that granular degeneration (because of irregular menstruation, metrorahagia and pain) existed and he decided to curette the uterus. He did so. His patient went to bed and she remained there for four months more as the result of too much treatment than too little. Upon close examination into the history of the case it was learned that her disease dated back twelve years at which time she had an attack of gonorrhœa contracted through the husband. She presented all the symptoms of specific salpingitis and perhaps pus tubes. She has since been examined by several eminent surgeons and each diagnose pyosalpinx. Her uterus was thoroughly poised, probably better than her physicians head, and uterine applications, with or without the sound, could do no good whatever, but an immeasurable amount of injury.

We all remember the days we were drilled and warned that unless we knew all about "pelvic cellulitis," we should not graduate. How much do we know about pelvic cellulitis today? The pathology is even more obscure now than it was then and I would ask what about its treatment? We know still less. About seven years ago, a lady called at my office who had formerly lived in Chicago and had received "treatment" from the eminent specialists of

that city for six or eight years. She told me that she had "pelvic cellulitis" and enlargement of the uterus and that weekly "treatments" would be necessary and had been necessary since her last child was born fourteen years before. No time was lost in making an examination; I found some tenderness in the pelvic region over both ovaries, a lacerated perineum and slight tear in the cervix. But, the long continued treatment with comparative relief only, the inconsistency of the presented diagnosis and treatment suggested, made me sceptical at once of all former diagnoses and treatment. A fews years prior to this Emmet had discovered the cause of many of the ills of woman—the lacerated cervix! So I knew I had found the panacea for her case and hastened to repair the cervix and perineum and congratulated myself upon my diagnosis and operation. It was indeed a sad disappointment when my patient was little or no better than before and she soon fell into the hands of another who could cure her with a stem pessary. It is needless to say, however, that he didn't. She had arrived at the age when menstruation should cease, and that much abused traditional "change of life" was the cause of it all. Menstruation ceased permanently and no change occured in her symptoms. About two years ago she again went to Chicago and consulted a specialist of considerable note. To be absolutely certain that no morbid condition should escape his notice, he again repaired the perineum, amputated the cervix; removed imaginary hæmmorhoids, dilated the rectum and removed the coccyx. *She lived.* She returned home about the same as when she left, including a cystitis, a walking monument to useless, poor and bungling surgery, a victim of misplaced confidence and a complete nervous and physical wreck. I examined her not long since and am satisfied she has been suffering all these years from a nerve exhaustion or nerve shock as a result of prolonged grief during her confinement. She is absolutely free from any disease of the reproductive organs, and probably always has been. Dr. Goodell says in a recent paper, "In a very large number of practitioners, even by specialists, these organs are too often made the scape-goat for headache and nape-aches, or spine-aches and back-aches, for weakness of vision and aural disturbances; for sore throat and weak lungs, for irritable heart, and also for a host of so-called uterine symptoms, yet these very symptoms may be due wholly to nerve exhaustion, or malnutrition of nerve centres and not to reflex action or to direct action from some real or supposed uterine disorder. I say advisedly, because I too, have thus erred, and because hardly a day passes without my seeing cases of supposed uterine disease which have been so treated for months—even for years—when the whole trouble, or most of it, lies not in the reproductive organs, but in the nerve ganglia. This abuse of uterine treatment, through a mistaken diagnosis, is, in my opinion, the great medical error of the day". But it is not always an easy matter to make a positive diagnosis, particularly when complicated with other organic diseases.

Not long since I was called in consultation by a physician friend in a neighboring town to see an obstinate case of heart trouble which had defied treatment. She presented a careworn, suffering and distressed countenance. She had not been well since her miscarriage two and half years before, and for

some months she was unable to leave her bed on account of pain in the pelvis and over region of the heart. Careful examination revealed no ovarian or tubal disease but a large retroflexed, subinvoluted uterus. She was suffering from chronic endometritis—produced primarily from a septic inflammation of the endometrium, which in turn caused the subinvolution and the consequent endometritis. Her heart was very irritable and gave her much anxiety. The uterine symptoms has been given due attention; as my friend stated: "I have been treating her weekly or at least every two weeks for nearly two years." The uterus being retroflexed and hypertrophied, a pessary, he thought, was indicated; so the pessary was placed and replaced during the two years, but she would have received equal benefit if she had carried it in her pocket. He finally came to the conclusion that two years treatment should be sufficient to cure her and that the heart must be the exciting cause of her condition and called me to see her. I suggested Dr. W. Gill Wylie's method of treating chronic endometritis—viz—dilate the uterus thoroughly, curette cautiously and drain the cavity of the uterus. Ergotine and strychnine were given to bring about a healthy uterine contraction. In six weeks her heart trouble had disappeared and she felt like a different person.

To assure you that the subject of uterine pathology demands more careful and scientific investigation, let me quote from "*The International Clinics*" page 169, July 1891, Gill Wylie, with special reference to endometritis—"Not all of us see endometritis in the same light. Almost all cases which I look upon as endometritis, and treat as such, would be considered by my colleagues, especially the older men, as cases of pelvic inflammation, retroversion, and subinvolution". As regards treatment he says, "Now with many the treatment here would be simply to put in a pessary, with the view of straightening the uterus. I do not believe this would have any more effect than if a man, having a very bad stomach-ache, and bent over, were straightened up and placed against a wall in order to relieve his pain". It becomes apparent at once that Wylie believes either he or his colleagues do not understand thoroughly uterine pathology, and hence cannot fully comprehend the proper mode of treatment. Now, if this be true, and it undoubtedly is, does it not behoove us all to talk less of caustics and applications; of pessaries and supporters, and devote more time to the study of the cause and pathology of the chronic diseases of the uterus, especially the non-surgical diseases?

Not many years ago the speculum, sound, and applicator comprised a gynæcologist's complete armamentarium; later on, he added the pessaries of different shapes and sizes. It has always appeared to me that if the same amount of time and equal ingenuity were given to the study of the uterus as were formerly given to pessaries, supports and other ingenious contrivances, what a marvelous change there would be in the treatment of diseases peculiar to women. Not long since the abdominal cavity was regarded sacred, except to the sacred few, and hence diseases of the ovaries and Fallopian tubes were little known and less understood.

Since this tradition has been outlived, the abdomen has been opened and the diseases of ovaries and tubes thoroughly studied and investigated, and a

revolution in gynæcology has taken place. Let us continue this study and investigation with reference to the diseases of the uterus, *per se*, and the pessary will soon be relegated to the tools of antiquity, the finger will take the place of the sound and the speculum. We will not find so many flexions or versions, nor it will take from six months to five years to cure them. Let us cease uterine applications except for specific indication, and we shall soon have rational instead empirical gynæcology.

MASTITIS AND ITS TREATMENT.*

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The sorrows of maternity do not end with bringing forth children. When the babe is first wrapped in swaddling clothes the responsibilities of the obstetrician are but fairly begun.

By derangements of the breasts great suffering is often experienced, the mother's convalescence much complicated, and the child's welfare sorely tried. One of the most common of these derangements is suppurative mastitis.

The general indications are swelling, hardness of some part, or it may be of the whole of the mammary gland, with tenderness, pain, lymphangitis evidenced by the appearance of red lines on the surface of the gland and in the axillary region, with more or less rise in temperature and pulse, and sometimes pronounced rigors. It is easily diagnosed from tuberculosis of the mammary gland by the indications of acute inflammation.

The disease presents in varied degrees of intensity ; from the tender lump to the multilocular abscess which occupies the whole of the gland filled with pus and broken down connective tissue, incurring weeks or months of intense suffering and exhaustion, with permanent impairment of function of the gland.

For clinical study of the pathology and treatment, experience perhaps justifies the usually classified varieties.

Thus: first, superficial or subareolar, shown by soreness, redness; swelling at point on the surface near the nipple, which soon suppurates.

Second, It is submammary, deeply seated in the connective tissue between the gland and the pectoral muscles. The symptoms are general swelling and prominence of the gland, great pain, high temperature, no redness, and often attended with chill.

The third variety, the most common form, is parenchymatous, located in the body of the breast, commonly involving both the glandular and the interglandular connective tissue. Its special symptoms are circumscribed prominence and redness with other usual indications of local inflammation and suppuration.

Mastitis may occur in any case, and at any time during lactation, or even non-lactation, but it is most apt to occur in the primipara, and in the first three or four weeks of lactation.

In the primipara these rudimentary organs are at first severely exer-

*Read before the Kansas State Medical Society.

cised. Imperfect development or depression of the nipples intensify the effort to secure lactation, resulting in the wounding or removal of the epithelium. This mechanical irritation, with the want of cleanliness, produce excoriated or fissured conditions of the nipple which are the most frequent predisposing causes of the disease.

The opinion has been quite prevalent that abscess of the breast may follow as a direct and necessary consequence or engorgement caused by imperfect flow of milk, by drafts or cold air, blows and bruises. But this view is hardly consistent with the accepted theory of parasitic causation of suppuration. Such conditions can reasonably be regarded as only producing a susceptibility to abscess, the ultimate consequence of the entrance of microbes through the wounded epithelium of the nipple, or it may be rarely autogenetic from the general septic character of the blood of the mother.

In calling attention to the treatment, I wish to emphasize the responsibility of the obstetrician as to the preventive attention.

The primary care of the breasts should not be left to the patient and nurse, but should have at least the personal direction of the obstetrician himself.

Necessary precautions to prevent excoriation of the nipples should be minutely directed, and particularly as to thorough cleanliness, and protection of the nipples from irritation.

A good rule from the first, after each nursing, is to cleanse the nipples with a saturated solution of boracic acid, also the child's mouth with the same solution. Endeavor to guard against over-distension and congestion of the breast by suitable compression and support. If excoriation or cracks of the nipples appear, the above cleansing should be kept up, also boracic acid ointment, or the Co. Tr. Benzoin may be applied with great benefit, and the breasts kept carefully covered with dry absorbent cotton.

Too frequent or prolonged nursing must be avoided. If the fissures become deep, nursing must be suspended for a time.

In case of a circular fissure at the base of the nipple a few applications of collodoin with a little cotton may render such protection as will secure healing of the fissure.

Great benefit is sometimes rendered by touching these fissures with the pointed stick of nitrate of silver. In many of these cases of excoriation and fissures of the nipple, a suitable shield may often be effectually used, the process of nursing continued with little pain, and the restoration of injured nipple attained much more readily.

But if nursing is attained with considerable pain, and there appears any indication of threatened inflammation and suppuration of the breast, nursing should certainly be suspended, strict antiseptic care pursued, engorgement relieved by compression and support of breast bandage, a skillfull and intelligent application of massage with some emollient, an occasional bath of the gland with a solution of acetate of lead and opium, repeated doses of a saline laxative, which by its derivative effect assists in draining the lymphatic channels of the mother, should be given.

When suppuration becomes inevitable or has already set in, the question

of lactation is an important one. If there is a reasonable hope of an early termination of the disease without serious involvement of the gland and a safe preservation of the function, it should be done. When the abscess is superficial, or involves but a small portion of the gland, we may expect to suspend the baby's nursing only temporarily, but in all aggravated forms we should promptly decide to suspend it entirely.

Whenever pus is formed it should be immediately evacuated by a free opening.

In the submammary or parenchymatous varieties where the pus is located deep in the organ the incision should be made only through the skin and subcutaneous tissue, then a grooved director should be forced into the pus cavity, along which may be passed a pair of scissors or spreadors, by which the opening may be enlarged so as to introduce the finger to break down the diseased tissue, and open up additional cavities. Where the pus cavities are deeply seated, there should be free drainage and washing out with boiled water. In old cases when the pus has been decomposed some antiseptic wash is indicated followed by an antiseptic gauze dressing. As a rule in these operations an anæsthetic should be given. In all cases poulticing should be rigidly discarded, but absorbent cotton should be used as a dressing. In some instances hot fomentations may be temporarily applied where there is severe pain.

The general condition of the patient in many cases demands attention, such as support and rest.

The chief points to be observed then are prompt prophylactic attention, especially to the nipple. If abscess is iminent, or does already exist, take the baby from the breast, secure rest to the organ, immediately evacuate the pus.

Thorough cleanliness and antisepsis all the way through.

If the whole technique of attention embracing the above as the principal points are strictly carried out under the personal supervision of the obstetrician, child-bearing will be deprived of at least one of its horrors.

SOME OBSERVATION ON SEPTIC CONDITIONS FOLLOWING CHILDBIRTH.*

BY J. E. OLDHAM, M. D. WICHITA, KANSAS.

Notwithstanding asepsis and antisepsis are measurably well understood and practiced by the profession, and in the face of the assertion by most eminent authority, that he who has had one case of septicæmia following childbirth has been careless, and that he who has had two such cases has been guilty of criminal neglect I must say that such cases are not rare and occasionally occur under the surveilance of our most careful and painstaking practitioners. There is nothing in the normal puerperium which should cause fever, and when it is present, however slight, our most earnest vigilance and careful attention are demanded.

After childbirth, where the conditions are normal, the pulse becomes slow,

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and remains so, unless something occurs which disturbs the circulation, and the so-called milk fever does not occur where strict cleanlines is observed.

The widely divergent views among authorities upon the duration of the lying-in period, and the necessary attention during that time leads to the same difference among practitioners.

In many mild cases of malaria, where quinine and quietude are the essentials, and in many slight injuries where a single dressing and rest are all that are needed, the counsel, and in most cases the absolute daily attention of the physician is demanded; but when a woman has passed through the ordeal of childbirth she frequently is visited in a complimentary or social way on the following day and is then left to the care of an inefficient nurse and the doctor is dismissed to be recalled should they think his services are required.

The conditions following childbirth are those of a large open wound and one that cannot unite by first intention, and surely the care is needed that would be required in any other wound, viz: cleanliness and rest. It is exceedingly rare that septic conditions will develop later than the fifth or sixth day from day of labor, and at least for this period every case of childbirth should receive daily attention from the physician.

While the statement that pyosalpinx and purulent salpingitis are in most instances due to gonorrhœal infection is doubtless true in hospital practice, it is not equally so in private practice, and I believe here may be safely attributed, in the majority of cases, to septic infection during the lying-in period Chronic endometritis, subinvolution, metritis and parametritis largely owe their presence to the same cause.

During the past six years I have noted the histories of pelvic diseases in women coming to me for examination and without worrying you with a tabulated statement I will say, that a very large majority had their orgin at some previous labor or at an abortion. I am led to believe that many mild cases of sepsis occurring in the lying-in-woman, pass unrecognized under the vague term of malaria or the still more uncertain one of continued fever, and that only the serious and well marked cases of general infection or of peritoneal involvement are regarded as septicæmia. This condition following childbirth is susceptible of as wide a range in severity as may be seen in any other form of bacterial diseases. In other forms of disease, such as diphtheria and scarlet fever which may be so mild as to escape attention, are so severe that life will be destroyed within a few hours. This variance in severity is recognized, but in septicæmia it is not regarded.

I believe that pathologists agree that any form of pathogenic bacteria coming in contact with the parturient canal within the first few days following labor may cause septicæmia. The condition is mild or severe in proportion to the character of the germs and the absorption of their products. Evidently absorption of ptomaines does not occur in every case where bacteria are present, for in many instances there is an offensive lochia where there is no general systemic or local infection. But while there may be offensive discharges and not be attended by septicæmia, certain it is that the conditions are present which are most favorable for it, and which may produce it and the case should

have the same care that would be given any other wound under similar conditions.

I believe that one of the most infallible guides here is the circulation. While during a normal puerperium the pulse is slow, in the presence of sepsis it is invariably rapid and weak, and although the temperature may be only one or two degrees above normal, with the pulse at or above one hundred and an offensive lochia present, without a swelled and tympanitic abdomen, without localized pain, and increased tenderness, without pronounecd chills one has a septic infection, and while the absorption may be so slow or the powers of resistance on the part of the system so great that a dangerous condition is not reached an explosion may occur that will prove fatal within a very short time.

The old, time honored and true maxim "That prevention is better than cure," is especially applicable here, and the rule with us all should be to safely guard the highway by which sepsis may invade our patient, but the obscure by-ways are too frequently left unguarded, and many times are almost beyond the power of the physician to control. In not a few instances the accoucheur does not see his patient until the second stage of labor is nearly completed, and then finds her in garments which have been worn for several days, and in a bed which she and her husband have occupied for several nights. It can hardly be presumed that the conditions here found are aseptic. Again while we all appreciate the importance of and necessity for vaginal douching, this is frequently done with an old syringe which has for months or years been a hot-bed for the propogation of germs. This may, and I believe is, an occasional source of infection. Necessarily I think with these surroundings and conditions the danger of septic trouble is vastly greater in private practice than in well equipped and thoroughly appointed hospitals where not only are the conditions completely aseptic but the services of well trained and skilled nurses ever alert to the importance of aseptic precautions are at the command of the physician.

In treatment no plan of internal medication meets the requirements. In order to control the trouble we *must* remove the cause, and this only can be done by thoroughly and frequently washing the uterine cavity with a hot antiseptic solution.

Dr. Gill Wylie, of New York, says that he cures cases of peurperal septicæmia within twenty-four hours by douching the uterine cavity with a hot antiseptic solution every hour. I have never repeated the douching more than every two hours and have found this very efficient. I have seen the temperature reduced from 105 degrees to normal, and a pulse rate from 130 to 90 within thirty-six hours. The solution used should be 1 to 5000 mercury bi-chloride, and should be at a temperature of 115 degrees. The temperature of the solution has much to do with curing the trouble. In this condition the uterine walls are soft and flabby and the hot solution promotes or stimulates the contractions, thereby forcing out the decomposing tissue from the depressions where it would not be reached by the solution.

After douching with the bichloride solution some clear boiled water should be used, for occasionally mercurial poisoning is produced.

In regard to the kind of instrument or irrigator to be used any convenient one will answer the purpose. The best one I think is a large soft catheter or a glass irrigator with large fenestra. The ordinary metallic return current instrument is not only unnecessary but wholly undesirable. It is easily obstructed, difficult to clean, and less efficient than the simpler ones. A general supporting treatment, with a full diet of easily assimilible food and remedies for the relief of individual symptoms are always indicated, but these are the adjuncts, and the reliance must be upon the thorough cleansing of the uterine cavity.

CARBOLIC ACID USED IN FULL STRENGTH IN SURGERY.*

BY OSCAR H. ALLIS, M. D., PHILADELPHIA, PENN.
Surgeon to the Presbyterian Hospital.

Surgeons in early days of antiseptic surgery attributed their success to carbolic acid. As introduced, it was employed in a dilute aqueous or oleaginous solution. For a time it was the sole antiseptic. To-day it is mainly used in general surgery as a bath for surgical instruments. Few surgeons will demand a reason for its abandonment. Few have not personally experienced its benumbing effects, and have thus been able to assign the collapse following its employment to something different than loss of blood, shock of operation or anæsthetic.

With such an experience of carbolic acid in its dilute form I confess that I was quite astonished to learn from my friend Dr. B. F. Gardner, of Bloomsburg, that he was in the habit of using the article in its full strength upon extensive cut surfaces, and that, too, with the happiest results. As this article owes its entire value to Dr. Gardner, I will give in detail his method.

When Lister introduced his paste Dr. Gardner used it quite extensively. After an application to quite an extensive wound surface he was surprised to find it turn white, and that he had used pure carbolic acid. He therefore immediately washed the surface and dressed the wound, keeping it open until oozing had ceased. The case did so well that it inaugurated with him a line of treatment that he has extensively employed. As a typical application let me take an amputation of the female breast. After its removal and the ligation of the bleeding vessels carbolic acid crystals, dissolved in sufficient water for solution, are applied with a sponge to all parts of the cut surface. Immediately upon the application of the acid the tissues turn white, which is a guarantee of its thorough action. The wound surface is then washed with water previously sterilized by boiling, and then approximated with provisions for drainage. This is especially necessary, as for twenty-four hours the oozing must find ready exit. During the first few days there is a slight local hyperemia along the borders of approximation, but this declines without crisis.

*Read before the Academy of Surgery, Oct. 3, 1893.

INDEX OF DISEASES TREATED WITH

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Each teaspoonful contains FIVE grains of the chemically pure salt.

This preparation has been strongly recommended as a remedy for Epilepsy and as a Hypnotic of great value.

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Salicylate of Lithia

DOSE:—A teaspoonful containing ten grains of Salt.

A convenient and pleasant remedy in Gout and Rheumatism.

This preparation is intended for Physicians' use, and will be found to possess advantages over Salicylic Acid, being less irritating to the stomach, and combining the efficacy of Lithia and Salicylic Acid.

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ANTI-RHEUMATIC.

Each heaping teaspoonful contains ten grains of Salicylate of Sodium.

Salicylate of Sodium is now generally preferred to other forms of Salicylic Acid, owing to its greater solubility, etc.

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Each heaping teaspoonful contains four grains of the chemically pure salt. Valuable in Rheumatic, Gouty and analogous disorders, and acceptable to delicate stomachs where the Carbonate is not well borne.

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Each heaping teaspoonful contains five grains of Carb. Lithia and ten grains of Bi-Carb. Potash.

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Dr. A. Garrod, a well-known English authority on Gout, who was the first physician to introduce the Lithia Salts in the treatment of the gouty diathesis, states that their action is materially increased by being administered in a *freely diluted form.* The effervescing salts of Lithia furnish an easy and elegant way of applying Dr. Garrod's methods.

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The dose is usually one large teaspoonful in half a glass of water, three times a day, before eating.

This is the minimum dose for adults, and may be increased with advantage in many cases of Rheumatism and Rheumatic Gout.

This preparation is particularly valuable in cases of Lythiasis, in which the more prominent symptoms are inflammation of the mucous membranes of the respiratory and digestive tracts and ill-defined muscular soreness.

Dr. Gardner claims for carbolic acid applied in officinal strength:

1. That no systemic absorption attends its use, and hence no danger, no shock.

2. That it is a local anæsthetic. Hence there is not as much pain after the operation.

3. That it is in a measure a hæmostatic, acting especially upon the capillary vessels.

I have taken the removal of the mamma only as an illustrative case. In all operations outside of the pleuritic and abdominal cavities, such as amputation and resections, Dr. Garden resorts to it.

In hydrocele he lays open the sac freely, then applies carbolic acid to the tunica vaginalis, and concludes with packing or drainage. The operation is not followed by excess of any kind, and recovery is prompt. He has used it in gunshot wounds of the knee and ankle. If he gets such a case after suppuration has set in he freely opens the joint, applies the carbolic acid to every part, washes out all excess freely, secures ample drainage with fixation, and confidently awaits the result. Anchylosis may follow, but this will depend on the extent of the injury, the delay in treatment, the conduct of the patient. Dr. Gardner has used bichloride of mercury, hydrogen peroxide, iodoform, etc.; none of them have answered the claims made for them; all have disappointed him, but pure carbolic acid *never*.

I do not know Dr. Gardner's theory of the action of this powerful drug, and shall attempt no explanation. The turning of the wound surface white is due probably to the coagulation of the albumin of the tissues and fluids of the wound surface, and not that the acid has a necrotic effect. That it does not produce a true destruction of tissue may be inferred that after a large breast or thigh amputation he will have primary union and no suppuration. In its use in hydrocele a half drachm or more is injected into the tunica vaginalis, and resolution without suppuration ensues. It is possible that by its action upon the wound surface, an action similar to that obtained by heat may be produced, and thus facilitate repair.

I will conclude this article by briefly stating my own experience with it.

On entering the wards of the Presbyterian Hospital I found that one of my amputations of the thigh had not done well, and looking at the stump found it swollen and of an angry threatening character. The seam of approximation was perfect. I therefore removed all the sutures, and separating the flaps found them almost in a stage of gangrene. Taking carbolic acid pure, I applied it freely, pressing it into the tissues with the sponge applicator, removed the excess, and, packing the space between the flaps renewed the dressing. This was done without anæsthetic and without apparent pain. The exposed surfaces soon began to granulate, when they were approximated and recovery soon followed. I have also frequently applied it upon a carrier with cotton to sinuses and after curetting glands.

Dr. Wm. E. Quine, Professor of Internal Medicine in the Chicago College of Physicians and Surgeons, says that from its inherent nature appendicitis is, from the beginning to the end of its history, and in every stage of its progress, a surgical ailment.

SHALL WE REMOVE THE UTERUS UPON SUSPICION OF MALIGNANCY?

BY A. H. CORDIER, M. D., KANSAS CITY, MO.

Clinical Lecturer on Gynæcology, Kansas City Medical College; Member American Medical Association; Corresponding Member Philadelphia Obstetrical Society, etc.

I write this article in support of the position I took in a late discussion on cancer of the uterus, in which I maintained that where an element of doubt exists in the surgeon's mind as to whether a given case is one of a malignant disease of the uterus, the patient should have the benefit of this uncertainty, and have the uterus removed. My position was vigorously attacked by several of the members present. I reiterate my statement, radical as it may seem to some; that when a woman presents herself to the gynæcologist suffering with a suspicious malignant-looking and feeling disease of the cervix uteri, if, after using the positive, so-called, measures to clear up the diagnosis a doubt still exists, it is proper to remove the entire uterus and give the woman, the benefit of this doubt. I do not believe this declaration would be a wise one to be used and applied broadcastly by the merest tyro, but it is one safe to guide the hands of the experienced, painstaking general practitioner and skilled surgeon. Of course no conscientious surgeon would think of operating on any case when in doubt, before exhausting all means to remove the obscurity in the case if possible. Like all general rules there are exceptions even to this one. If in doubt he should bring to bear on the case the microscope and skilled counsel, but even here these diagnostic helpers are only too often unable to say positively that this or that condition is or is not of a given character.

It is presumable that one's ability to diagnose these cases is in proportion to the number of cases seen and studied or in other words, experience and a study of the history of the progress of this disease in this locality will best serve one in recognizing the disease early or in its incipiency. Why should not the sense of touch where one is examining in a dark cavity be educated as is the blind man's? The oculist detects the hardening early in the glaucomatous eye by this sense and does not rely upon the opthalmoscope to confirm his diagnosis but resorts to the proper procedure for its treatment. No one I trust would be so uncharitable and unjust as to accuse the surgeon of operating on any case for a monetary or statistical consideration alone at a sacrifice of the grandeur and nobler mission of our great art to relieve suffering, restore physiological function and when possible, prolong and save life.

Of all operations of a major character in skilled hands, vaginal hysterectomy gives the lowest mortality. Price lost one in his first fifty cases. Were the operation attended with a high mortality and performed on women in the most active child bearing period, or for some disease the history of which was not to kill if undisturbed, I too would raise my voice against operating on the doubtful cases.

This is a disease having a local origin, according to our latest pathologist, occurring in women who are approaching the menopause, often complicated with tubal disease leading to sterility. Early removal cures many of the cases

permanently. Pozzi says: "The most recent researches demonstrate that every hypertrophic glandular metritis which has resisted curetting for many months shows thereby its tendency to become an epithelioma. Exploration by the curette is not always sufficient to remove doubt, for we are not able thus to examine the glands in all their depths. We must in such a case give the most weight to the clinical signs."

Cancer as a rule presents itself at or near the menopause, a period in the existence of woman when there exists a tendency to a reversion to the embryonic type and a cessation of the reproductive function. The dangers attending the delivery of a woman with a cancerous cervix are so great that this alone should form an operative indication for early removal of the uterus, thereby removing the possibility of this unfortunate occurrence. Many of these cases have tubal disease that renders the woman sterile but make many complications for the operator. These cases are the ones that have had the baneful results of delay and tinkering.

Many cases of seeming advanced malignant disease of the cervix, and classified as inoperable, are in reality complicated tubal cases, and the hardening felt in the vault is an inflammatory induration and not a cancerous infiltration. The differential diagnostic feelings of these conditions is obtained only by the practiced touch. In some cases both conditions exist in the same pelvis. If in doubt here as the character of the periuterine induration the surgeon should give the woman the benefit of the doubt and operate, as the appendages will be found diseased to such an extent as to warrant their removal. Even in lacerated cervices where we find an ectropion of the mucous membrane in a degenerated condition it is not far from its often successor—epithelioma.

Bennette fifty years ago in a monograph on cancerous and cancroid growths, declared that the microscope alone and independently of all other kinds of observation can seldom determine the presence or absence of a cancer.

Of course no one will claim that we have not made wonderful advances in the use of this valuable diagnostic assistant, yet the microscope does not always reveal infallible diagnostic evidence in doubtful cases.

We yet recall the experience of the great pathologist, Virchow, in his fruitless endeavors to make a correct diagnosis of the growth in the throat of Emperor Fredrick.

I do not desire to be understood as depreciating the valuable aid this instrument has rendered us, however.

One woman in every 500 has cancer of the uterus. About 20 per cent. of the cases are below the age of forty. In many cases the pathologist is unwilling to give a positive opinion simply calling them suspicious. Dr. Stratz says: "Even microscopically in some cases it is impossible to recognize certain characteristica ppearances which are peculiar to carcinomatous erosions." These cases of doubtful carcinoma have usually received more or less treatment before the surgeon sees them.

I fully agree with the writers who advise the use of the microscope as an

aid to a correct diagnosis, but maintain that this instrument does not always show the characteristic cell arrangement of malignant neoplasms.

A great error is often made in expecting to find these women emaciated, cachectic, with hæmorrhages, pain, stinking discharges, etc., as evidence of malignant disease. Pain comes on late and is often absent, bleeding of a profuse character is rare especially very early in the history of the disease. Of three hundred pregnant women who had cancerous uteri (tabulation by Dr. Vanderveer) fifty-two per cent. died undelivered or never left their beds; of the children only thirty-three per cent. lived through the puerperal convalescence.

Doctors! if there is one place only where the position of so-called radicalism or aggressiveness is to be accepted as justfiable, let that position be the advocating of the removal of the entire uterus where there exists sufficient evidence to warrant the suspicion that there is developing a malignant disease of that organ. It is true a few mistakes may be made but not so many disastrous (to life) ones as if tinkering and procrastination are followed or advocated.

It is better to make one mistake than to permit fifty or a hundred women with early operable, and many times curable cases of cancer of the uterus, to be transformed by the time and ravages of the disease, into inoperable cases, doomed to a certain death from the disease. I agree with Dr. Krug when he says: "I like to be seen in the front rank of aggressive surgery whenever malignant disease is conceded." He reports cases operated on where he was in doubt about the diagnosis. Dr. E.E. Montgomery at the Pan-American Medical Congress in writing on this topic said: "In 21 cases in which he had performed vaginal hysterectomy, 16 were done for undoubted malignancy, in one case there was epithelioma of the cervix and fibroids of the body of the uterus, three for fibroids, and in two the diagnosis was doubtful." Dr. Edebohls said "He did not consider hysterectomy indicated for prolapse, except where new growths were *suspected.*"

Dr. Coe says: "With the results of modern aseptic surgery before us, we are not justified in waiting until the diagnosis has been established beyond the shadow of a doubt."

Dr. J. B. Hunter has reported hysterectomies performed where he had "suspected malignancy." Dr. Baldy says: "It is fast becoming the habit to operate on all suspicious cases."

Jonathan Hutchinson says: "I advise operations so early as to be called anticipatory."

Dr. E. E. Montgomery says: "The uterus should be removed on suspicion; when there is a doubt which cannot be solved, the patient should have the benefit of this doubt."

Mary A. Dixon Jones, one of our leading American pathologists and surgeons and to whom I am indebted for much data in the preparation of this paper says: "Better remove a few uteri with no malignant disease than to leave one cancerous uterus, and a patient with the awful risk of dying from a condition that the surgeon could have removed."

Dr. T. A. Emmett, "In this disease there should be no delay in operating

and the patient should have the benefit of the doubt and be relieved of any suspicious growth."

Mr. Tait says: "After many years of hard work at the microscope and a large clinical experience, I have come to the conclusion, that the microscope has not helped us in the least in the prognosis of tumors in the pelvis, abdomen and breasts."

Owing to the uncertainty as to how far the disease has extended, infiltrating the uterine tissue, no one should resort to any operative procedure short of a total removal. The whole mammary gland is removed by the surgeon as soon as he detects the presence of a suspicious growth.

I beg leave to submit for discussion the following:

1st. Cancer of the cervix uteri is in the great majority of instances, primarily a local disease.

2d. The disease always kills if left to run its usual course uninterrupted.

3d. Early operative interference cures a large per cent. of these cases.

4th. Vaginal hysterectomy is attended with a low rate of mortality and should be the operation of choice.

5th. The microscope does not always reveal the typical appearance of a malignant neoplasm, even though the disease be present.

6th. I believe that we are justified in removing the uterus where there exists enough evidence to warrant a suspicion of malignancy, especially if other conditions resembling cancer have been eliminated by proper treatment.

KANSAS CITY ACADEMY OF MEDICINE.

FOREIGN BODIES IN THE TRACHEA.

BY WILLIS P. KING, M. D., KANSAS CITY, MO.

Assistant Chief Surgeon, Missouri Pacific Railway.

The regular session of the Kansas City Academy of Medicine was held in Parlor S in the Midland Hotel on Saturday evening, November 4th. In the absence of Dr. Lanphear, the President, the Society was called to order by Dr. Thompson, the Vice-president; other officers being present in their places.

The attendance was, as usual, good, and the fellows of the Academy were entertained by a paper from Dr. Willis P. King, who took for his subject, "Foreign Bodies in the Air Passages." The Doctor stated that his reasons for taking this subject were, first that it was of the utmost importance to all general practitioners as well as surgeons, and second that it was a much neglected one, some of our text books saying but little about it.

Foreign bodies, he stated, reach the air passage in various ways; some directly, some indirectly. Directly it frequently happened that substances being held in the mouth were drawn into the air passages by a sudden inspiration. Again, such substances were sometimes swallowed, and lodging in the œsophagus worked their way by slow ulceration into the air passages. Another indirect method of entrance was cited in the case of injuries and gunshot wounds, by means of which bits of clothing, splinters of bone, splinters of wood or portions of bullets were carried through one wall of the bronchus and left in its lumen. The articles which the Dr. mentioned as being directly passed into

the bronchial tubes included almost every article whose size would admit of its entrance, ranging from false teeth to small seeds, and from detached sloughs of false membrane to drops of pus from discharging sinuses. The table of Poulet, taken from page 263, volume V., of the International Encyclopedia of Surgery, was referred to by the doctor, in which an attempt was made to give all the foreign bodies that were reported as found in the upper air passages, and many of these were recited for the benefit of his hearers, and made a very interesting chapter of his paper.

After a foreign body finds its way into the trachea or bronchi it may cause immediate trouble which persists until the foreign body is expelled, or until death ends the case, or it may lie quiet for days and then occasion irritation. It always causes a traumatic inflammation of the air passages, followed by the formation of pus and often by sloughing.

A case was given occurring in the practice of Dr. Twyman, of Independence, in which a child swallowed a large grain of corn on Friday. No medical attention was given the case until the next day, when it received such care as could be given it by a local practitioner, who found that the case grew steadily worse, and advised that the case be brought to Dr. Twyman at Independence, and consultation called from Kansas City. In response to Dr. Twyman's call Dr. King saw the case. The boy was suffering with dyspnœa and occasional attacks of coughing. The foreign body could be distinctly located just above the bifrucation of the right bronchial tube. It would occasionally leave its location and be raised as far up as the glottis, through which it could not be expelled by the child's coughing. Tracheotomy was accordingly done at once. No attempt was made to search for the grain of corn, but the child was left for a time in the care of its parents, with instructions to turn him quickly to his face, or on his knees and elbows, should an attack of coughing come on. The operation was finished late Wednesday evening, being five days after the foreign body had lodged. Once in the night a severe attack of coughing occurred with negative results. At six o'clock the next morning a second severe attack of coughing was experienced and the grain of corn was expelled through the tracheal wound, which had been tied open by threads passed through its margins and secured behind the neck. Immediately after the expulsion of the foreign body the threads were removed, and the wound closed spontaneously and the child made a perfect recovery.

Dr. Fryer: "I would like to ask Dr. King where the incision was made, and could the foreign body be seen after making it ?"

Dr. King: "The incision was made just below the larynx. We could not see the foreign body. I located it by ausculation. It would move up and down the bronchi when the secretions would float it, and when these soft secretions were expelled by coughing it would rest quietly in one place until secretion enough had accumulated again to cause coughing; hence I simply 'left the door open' and kept the patient in a favorable position for the first attack of coughing to remove it."

Dr. Fryer: "I assisted a prominent surgeon of this city to remove a grain of corn from the trachea, and I wish to say it is not easy to get a foreign body when it is seen. However, in this case, after much difficulty, we got it. I also remember a case in which I assisted Dr. Halley to remove a cuff fastener from the upper larynx. It was removed by tracheotomy, and measured an inch and a half long by half an inch in width."

Dr. Sexton: "I think it is probable that foreign bodies lodge in the air passages of children a great many times when they are never discovered. Very many severe attacks of coughing and of pneumonia in young children arise from this cause. I at one time removed a splinter from the glottis of a young child who had had a severe cough for a number of days. Its presence had not

been suspected until I discovered it by instrumental examination. That impressed me with the fact that very many of these foreign bodies are never diagnosed."

Dr. Lester Hall: "I have had occasions to perform this operation quite frequently, having practiced in a community where such things as seeds and corn were common articles of play-things with children. I remember one case of a child which had swallowed a melon seed. After careful consultation the parents refused operation. Although myself and my consultant assured them that death would in all probability follow, we were agreeably surprised to find, three days later, the seed expelled in the act of coughing, and the child recover perfectly without operation. Remembering this, when I was next consulted about a melon seed in the trachea, I advised a few days delay, and was rewarded with the expulsion of the seed the next day; hence I would advise, in some cases, that we be not too hasty to operate. I am inclined to think that tracheotomy is sometimes done when not demanded. I watched Dr. Gerster, of New York, in the presence of Dr. Jacobi, perform this operation on a child that had some foreign body in the trachea. No history was obtained. I was impressed with the slowness and care with which he performed the operation, taking much more time than I had ever taken or had ever seen taken. The operation ended by his finding a brass button imbedded in the wall of the trachea, which it had reached by gradual ulceration from the œsophagus, where it had lodged after being swallowed by the child. It occurred to me that either Dr. Gerster was very slow in this work, or that we have been working too rapidly."

Dr. Punton called attention to the necessity of thoroughly examining the throats of patients who stated that the yhad swallowed a foreign body, citing a case in which a patient had swallowed a chicken bone. The surgeon, having failed to find it, discredited his story, and the bone was coughed up two days later; and another case of a patient who lived six weeks after a diagnosis had been made that no foreign body had been swallowed, and then died suddenly, and a post-mortem showed a piece of the wish-bone of a chicken that had ulcerated through the œsophagus and pierced the arch of the aorta. In hunting for these bodies the Dr. advised the use of the finger rather than any instrument.

Dr. Pearse: "I wish to ask Dr. Hall if he would advise a delay in all these cases, to see if nature would expell the foreign body?"

Dr. Hall: "I most certainly should not unless I could obtain such a description of the body as would convince me it could be easily expelled. This would be the case in thin, flat substances like a melon seed.

The discussion was then closed by Dr. King. He stated that the operation of tracheotomy, when uncomplicated by diphtheria, was of such a simple nature that all these cases should receive the benefit of early operation.

Dr. Hardin reported a case of obstinate pruritus, and received the advice of several of the members as to its management.

Dr. Kyger reported a most interesting case of vertigo and acute mania, which was discussed at length by Drs. King, Cordier, Sexton, Punton, Fryer and Thompson.

Dr. Fryer exhibited a case of artificial pathological eyes, made by Mueller, of Wiesbaden. They represented many of the diseases of the eye wtih beautiful accuracy. They were intently examined by the fellows of the Academy.

After the announcement of the next week's programme the Academy adjourned.

It is said that two or three minims of fluid extract of belladonna given every three hours to a child of five years affected with whooping cough or bronchitis will afford relief when the secretions are excessive.

BOOK TALK.

LITERARY NOTES.

The ever popular *Weekly Medical Review Visiting List* has been received from the publishers, J. H. Chambers & Co., of St. Louis. In addition to the blank space for a year's work there are the usual valuable dose tables, diet list, poisons and antidotes, etc. It is bound in red morrocco and sells for 75 cents; while cheap it is one of the most substantial and satisfactory visiting lists in the market.

Dr. G. Frank Lydston, Professor of Surgical Diseases of the Genito-urinary System in the college of Physicians and Surgeons of Chicago, has written a valuable little work on *Gonorrhœa and Urethritis* which is published by Geo. S. Davis, of Detroit, at 50 cents in cloth, or 25 cents in paper. It contains 215 pages. The directions for treatment are very good.

P. Blakiston, Son & Co., again send out the Lindsay & Blakiston *Visiting List* which has been published annually for 43 years. As the new U. S. Pharmacopœia, 1890, which has just been published, adopts the metric system of weights and measures, a very complete table of the doses of all drugs in both the English and Metric systems is contained in this edition. Aside from its other excellence features, its size and weight recommend it. It measures 6½ x 3¾ inches, and the smallest size weighs but 3½ ounces, and is only ⅝ of an inch thick. The large sizes are a little thicker and heavier. It is *the Smallest and Lightest Visiting List Published;* a very great advantage, when one considers the number of articles the Physician has to carry in his pockets.

Among reprints recently received may be mentioned: Urticaria; by J. Abbott Cantrell, M. D., Instructor in Dermatology in Jefferson Medical College, Philadelphia, Penn..... ...Secondary Hæmorrhage after Ovariotomy; by Horace T. Hanks, M. D., Professor of Diseases of Women in the New York Post-Graduate Medical School..... The Prevention and Management of Pelvic Inflammations in Puerperal Women; by the same author. .....Counter-drainage after Cœliotomy; by the same author.. .....Abdominal Hysterectomy with Clamps; by Emory Lanphear, M. D., Ph. D., Professor of Surgery in the Kansas City Medical College. .....Suprapubic Hysterectomy for the Removal of Fibroids of the Uterus; by A. H. Cordier, M. D., Clinical Lecturer on Diseases of Women in the Kansas City Medical College.....The Symptoms and Diagnosis of Chronic Bright's Disease; by Charles L. Greene, M. D., Medical Director of the Bankers' Life Association, St. Paul, Minn.....Perityphlitis; by F. C. Schaefer, M. D., Professor of Clinical Surgery in the Chicago Medical College.....Obstructions to the Function of Micturition and the Results; by R. L. Payne, M. D. Surgeon to the R. & D., R. R., Lexington N. C. .....Hysterical Stigmata ; by L. Bremer, M. D. St. Louis, Mo.....Electrolysis in the Treatment of Urethral Stricture; by Robt. Newman; M. D. New York City,.....Cremation and its Importance in Cholera; by the same author.....Erotopathia (Morbid Erotism); by Ch. H. Hughes, M. D., Professor of Neurology in the Barnes Medical College, St. Louis, Mo.....Address of the President of the Section of Neurology in the Pan-American Medical, Congress; by the same author.....Gynæcological Technique; by Howard A. Kelly, M. D. Professor of Gynæcology and Obstetrics in Johns Hopkins University, Baltimore, Md.....Prevalent Errors in the Treatment of Diseases of Women; by G. Betton Massey, M. D., 212 S. 15th St., Philadelphia, Penn.....The Medical Aspects of Empyema; by Robt. H. Babcock, A. M., M. D., Professor of Clinical Medicine in the College of Physicians and Surgeons and in the Post-Graduate Medical Schools, Chicago, Illinois.....Cœliotomy versus Laparotomy; by Robert P. Harris, A. M., M. D., 329 S. 12th St. Philadelphia, Penn.....A Case of Trephining; by Chas. H. Merz, A. M., M. D., Sandusky, Ohio.....On the Reflex Theory in Nervous Disease; by L. Bremer, M. D., St. Louis.....Habitual Abor

tion; by E. S. McKee, M. D., Cincinnati, Ohio,.....Pelvic Abscess; by W. B. Craig, M. D., Denver, Colo. .....Colpo-perineorrhaphy; by Edward W. Jenks, M. D., 84 Lafayette Ave., Detroit, Mich .....Trephining for Epilepsy; by Middleton Michel, M. D., Charleston, S. C.....Care of Epileptics; by Frederick Peterson, M. D., New York, City..... ...The Schott Method of Treating Chronic Diseases of the Heart; by Robt. H. Babcock. A. M., M. D., Professor of Clinical Medicine and Diseases of the Chest in the College of Physicians and Surgeons, Chicago, Illinois.....Acne, and Comido; by J. Abbott Cantrell, M. D., of Jefferson Medical College, Philadelphia, Penn.....Diseases of the Kidney; by J. H. Patton, M. D. Professor of Internal Medicine in the Chicago Polyclinic.....Treatment of Epilepsy; by Frederick Peterson, M. D., Late Professor of Pathology in the University of Buffalo, 201 W. 54th St., New York City..... ...Sleep Movements of Epilepsy; by J. W. Putman, M. D., Buffalo, N. Y.....Hysteria in children; by the same author.....The Choice between Extirpation and Colotomy in Cancer of the Rectum; by Charles B. Kelsey, M. D., Professor of Diseases of the Rectum in the New York Post-Graduate Medical School.....Colle's Fracture; by E. H. Woolsey, M. D., Oakland, Cal.....Tubercular Abscesses and Their Treatment; by S. L. McCurdy, M. D., Dennison, Ohio, Professor of Orthopædic and Clinical Surgery in the Ohio Medical University... .. Vaginal Hysterectomy in Bilateral Peri-uterine Suppuration; by F. Henrotin, M. D., Professor of Gynæcology in the Chicago Policlinic.

EDITORIAL.

COMMENTS ON CURRENT EVENTS.

It is with a feeling of pride that the editor calls attention to the list of authors who have contributed to the KANSAS CITY MEDICAL INDEX during the year, 1893. No other monthly medical journal published in America can show such a list of distinguished writers. Pride is pardonable, when at the end of a successful year, the editor can point to a list of contributors containing the names of more than half a hundred names like Ashhurst, Waxham, Baldy, Rosse, Brinton, Reamy, Bauer, Robinson, Deaver, Martin, Dalton, Morton, Etheridge, Montgomery, Gibney, Keen, Hughes, Jones of Liverpool, Reginald Harrison and Jonathan Hutchinson of London, Ingalls and Hamilton—all writers of world-wide reputation. And equally proud is the publisher that the INDEX is one of the few journals of this country that pays a very handsome profit above ALL expenses.

The question: are the majority of physicians and surgeons infidels? is being discussed by a number of journals. The *Kansas Medical Journal* argues that a very small proportion of the rank and file of the medical profession are atheistic, because Dr. Frank Locke recently propounded three questions in the *Medical Brief* as follows:

1. Do you believe in the Christian religion?
2. Do you profess it?
3. Are you a church member?

To these questions one hundred and fifty answered "yes" and thirteen "no."—All of which counts for nothing, first because of some thirty thousand readers (so claimed) of the *Brief* less than two hundred replied to the questions, and second because those who are zealous Christians are proud of it and anxious to put themselves on record. It seems strange, indeed, that no larger number responded with an emphatic yes, since among the interested readers there must have been many more than one hundred and fifty who could respond with a fervent "yes." And it is not surprising that so few gave "no" as a reply, for the reason that it is only the most emphatic atheists who are willing to let their opinions be known. I believe it is true that the majority of doctors are agnostics; many refrain from mentioning their want of religious belief for fear of losing caste, or because they are modest and prefer to let the world wag on without proclaim-

ing their convictions from the house-tops; and many who are church members are in reality *doubters*. The physician by the nature of his life's work is necessarily inclined to become a materialist.

One by one homœopathic remedies are being taken up by regular physicians. The latest is arsenicum for cancer. In the last number of the New York *Therapeutic Review* there appears a synopsis of a paper presented by Professor Lassar at the Berlin Medical Society. At the ouset of his paper the author very properly remarks that there is nothing but operation to be thought of in appropriate cases; but when impossible, other means must be employed. A few years ago Fehleisen obtained good results by inoculating erysipelas on cancer; his researches have not been continued. Although Virchow asserts that there cannot be established a clear distinction between cancroids and real cancers, all malignant neoplasms must not be subjected to the same prediction regarding their curability, and cancroids deserve a distinct place. In January, 1886, a patient of Prof. Lassar had three ulcers, on the forehead, nose and chin. Histoliogic examination confirmed the diagnosis of cancer. As it seemed impossible to excise these neoplasms, arsenic was prescribed for internal use. The three tumors dried up. At the end of five or six weeks the ulcer at the nose was healed, and the two others were improved. Unfortunately, the patient disappeared. The author observed, later, in a case of cancroid of the nose, considerable improvement, under the influence of treatment by arsenic. Encouraged by these results, Lassar selected, as further tests of his method, moderately severe cases which were not suitable for operation. He was enabled to present to the Society three new cases, in which diagnosis of cancer of the face was indisputable, completely cured. The treatment consisted in the administration, three times daily, of five drops of a mixture of equal parts of arseniate of potassium and mint water. This is in conformity with the statement of many observant homœopaths, that cancer can be cured by the persistent internal use of small doses of arsenic.

Many patients have been sent to Hot Springs, Ark., for several months' sojourn and have returned within a few days—robbed of every dollar by some "physician" of Hot Springs. More than one case of this kind has come under my personal observation. The sharks have in years past had things their own way; but now all drummers are labelled as such, and the Hot Springs *Medical Journal* has just published a list of members of the local medical society. This should be extensively copied that every reader of medical journals may know the name of some reputable physician to whom patients may be directed. The list is as follows:

Barry, L. H.	Gardiner, J. B. W.	Koontz, A. F.
Barry, P. L.	Garnett, A. S.	Koch, G. C.
Barry, W. H.	Greenway, G. C.	Payne, J. B.
Baird, T. M., Secretary.	Hay, E. C.	Minor, J. C., President.
Collings, H. P., Treasurer.	Holland, T. E.	Rogers, H. C., Vice-Pres.
Fitts, H. B.	Jelks, J. T.	Rogers, Shep. A.
Gaines, J. H.	Keller, J. M.	Thompson, M. G.

There are doubtless other gentlemen there in the profession, who, although they have never identified themselves with the Society are, nevertheless, men of honor and ability. These gentlemen should become members of the Society as soon as possible as the best means of assuring their identity.

EDITORIAL NOTES.

Diagnosis of Cancer of Uterus.—The American *Gynæcological Journal* gives a number of pointers regarding the early diagnosis of carcinoma uteri; as follows:—The classical symptoms of cancer of the uterus are hæmorrhage, offensive discharge and

pain. When these are all present the disease has usually spread beyond the uterus.

A sign of great value in early diagnosis of cancer of the cervix is hæmorrhage following sexual intercourse. Whenever this occurs the case should be thoroughly investigated.

When women have ceased to menstruate, and again have a metrostaxis, the case should be carefully studied.

Leucorrhœa is common in the early stage of cancer.

Pain is present in almost all cancers late in their course. *It is seldom an early symptom.*

Epithelioma may or may not be difficult of diagnosis at an early stage. When a definite area in the cervix is hard, infiltrated and constitutes a distinct mass or tumor in the cervix, it is probably cancer and should be examined microscopically. When the mass begins to ulcerate the diagnosis is plain. Cancer of the body of the uterus is almost always the malignant adenoma.

THE TREATMENT OF DYSMENORRHŒA BY THE GALVANIC CURRENT.—At the recent meeting of the American Electro-Therapeutic Society, Dr. A. Lapthorn Smith, of Montreal, read a paper on this subject in which he took the ground that dysmenorrhœa is very commonly due to endometritis, rather than to stenosis of the canal. Thus, many cases are not at all relieved by rapid dilatation of the canal unless this procedure is followed by curetting or the application of iodine. From theoretical considerations he had been inclined to believe at first that the method of intrauterine galvanization which he advocated for the relief of dysmenorrhœa, would result in sterility, but further experience has shown this not to be true. Apostoli quotes thirty cases in which pregnancy follwed such applications. This important theoretical objection being disposed of, he felt free to urge the adoption of this treatment, as the mild currents employed rendered it both safe and painless. If the uterus be large and the menstrual flow profuse, he would use the positive pole in the uterus; but if the uterus were poorly developed, and the flow scanty, then he would prefer negative pole.

MEMBRANOUS CROUP AND TRACHEOTOMY.—At the Tri-State Medical Society, Dr. R. M. Harbin, of Calhoun, Ga., read a paper on this subject in which he drew the following conclusions: 1. Membranous croup is almost invariably fatal without surgical treatment, and with medical treatment but little can be hoped for. 2. Any hope for an expectant plan of treatment is nil, and the few cases that recover without surgical treatment don't demand a consideration. 3. Tracheotomy is a justifiable surgical procedure, and should be performed in all cases where our therapeutic resources have been exhausted and the patient is in danger of suffocation. In hopeless cases it affords a chance for recovery or promotes euthanasia. 4. Statistics would be better if infectious diseases were eliminated, as diptheria, etc. 5. Tracheotomy keeps the patient alive until the pseudo-membrane resolves into a muco-purulent liquid and is expectorated through the tube. 6. In all human certainty, the cases reported would have died without the operation. 7. The importance of after treatment in keeping the tube moistened with lime water and the room at an equable temperature. 8. Tube should not be removed until purulent nature of sputa ceases, which is about eight day. 9. A lack of instruments is no excuse for the non-performance of the operation, as a tube only is necessary in addition to general operating instruments.

THE TREATMENT OF GOITRE.—At the American Electro-Therapeutic Society, Dr. Charles R. Dickson, of Toronto, read a paper with this title. He now uses Goelet's modificaton of Apostoli's clay pad, and begins with a currrent of 10 to 15 m. a. for ten minutes. The treatment is continued on alternate days and the strength of the current gradually increased up to 100 or 120 m. a., although in exceptional cases, over 200 m. a. may be used. He considers a strong current applied for a short time preferable to

using a weak one for a long time. After the treatment, the parts are sponged off with a cold solution of boracic acid. If after several weeks of this external treatment there is no result, it is proper to resort to puncture. Strict antiseptic precautions are observed, and puncture is made with a surgeon's needle insulated with several coats of collodion. The puncture should be made if possible, low down through the isthmus, and during the introduction of the needle the patient should be directed to swallow so that puncture of the larynx may be avoided. The subsequent punctures are all made at the same spot. In the cystic form the external treatment is of little use. Here the author advises inserting an aspirating needle, drawing off the contents and filling the sac with a solution of salt in boiled water. The object of this is to make use of an electrode which will fill the deepest recesses of the sac. The aspirating needle is used as an electrode, and after the application the fluid is withdrawn. In conclusion the author said that he still maintains that in electricity we have one of the most valuable agents in the treatment of all forms of goitre, and that it is the safest treatment. He had known even external applications of iodine to produce so much œdema that death from asphyxia seemed imminent. Electrical treatment in exceptional cases may have to be extended over a perod of two years.

ELECTRICITY IN THE TREATMENT OF FIBROIDS.—Dr. J. H. Kellogg, of the Sanitarium, Battle Creek, Mich., has had much experience in the treatment of uterine tumors by both surgical and non-surgical means. Recently in discussing the use of electricity he said that the improvement in the general health observed was due to the influence of the electric current on the abdominal sympathetic. The growth could be arrested, and in certain cases near the menopause, retrograde changes could be expected. He had on a former occasion reported a series of fifty cases, in seven of which, the tumor disappeared. Since then, he had not been quite so fortunate. No one would think of employing anything but the constant current except for the relief of pain. He usually employed a coulombmeter in conjunction with the milliamperemeter, thus avoiding troublesome calculations. His personal experience had led him to think that the phlebitis sometimes excited where very powerful currents are employed is a decided help in bringing about retrograde changes in the tumor. He would not employ this treatment in rapidly growing tumors unaccompanied by hæmorrhage, in rapidly growing tumors appearing after the menopause, where ovarian cysts accompany the fibroid tumor, where the application is followed by inflammation, and in cases which do not show improvement after a reasonable trial. Recently he had been employing milder currents because they caused less inconvenience, and admitted of more frequent applications. Seventy-five per cent. of his cases had been symptomatically cured; in 55 per cent. the tumor had been very much reduced, and in 14 per cent. it had entirely disappeared. After a careful bimanual examination has excluded pregnancy, and has enabled the operator to form a correct idea of the condition of the pelvic organs, the vagina should be disinfected with a douche, and a large Simpson sound, curved to correspond with that of the uterine canal, is passed through the flame of an alcohol lamp, cooled, and insulated with rubber tubing to within about 2½ inches of its tip. Under the guidance of the finger it is then gently passed into the canal until an obstruction is met with, when a current of about 10 m. a. is turned on. The instrument soon passes on, and after a current of from 20 to 50 m. a. has been allowed to flow for about five minutes, it is gradually reduced and turned off. The sound will then usually almost drop out of itself. A boroglyceride tampon is then inserted in the vagina, and the patient allowed to go home. No precautions, such as resting in bed, are considered necessary, and as a rule, the patient only received the treatment twice a week for from three to six weeks, when the second period will usually come on without pain. When the intra-uterine electrode is connected with the negative pole, the positive pole consists of a clay abdominal electrode. Where the positive pole is made the active one, this pole must be of platinum, carbon or zinc.

LITTLE ITEMS.

Dr. W. S. Leach, the oldest doctor in St. Joseph, Mo., died Nov. 21.

Dr. F. S. Parsons has succeeded the versatile Dr. W. F. Waugh as editor of the Philadelphia *Times and Register*.

Cholocystoenterostomy has lately been performed on the distinguished physician and teacher, Dujardin-Beaumetz, of Paris.

It is with pleasure that we note that the highest awards and medals at the World's Fair, were given to Reed & Carnrick's Infant Foods and Kumysgen.

Dr. John M. Keating, Editor of the *International Clinics*, died at Colorado Springs, Nov. 17. He was probably best known by his "Cyclopædia of Diseases of Children."

Dr. W. E. McVey, the genial publisher of the *Kansas Medical Journal*, was married Sept. 12, to Miss Anabel J. Bauer, one of the most accomplished ladies of Topeka.

Dr. S. S. Bishop, of Chicago, in an essay which received the prize from the American Hay Fever Association, attributes to uric acid the symptoms usually called "hay fever."

The use of morphine is increasing at an alarming rate in the city of Paris. Ten years ago there were about 40,000 morphine habitues in that place; now there are more than 100,000.

Dr. F. L. Flanders, of this city, has been sent to the penitentiary for a term of three years for fraud. He is said to be the most wealthy man who has ever been sentenced in this state.

The *Kansas Medical Journal* says that the graduates of some medical school, unnamed but consigned to hades, will have to go elsewhere and take an *adenudem* degree. What is that, Bro. Minney?

The name of the *Pacific Medical Record*, of Portland, Oregon, has been changed to the *Medical Sentinel*. Dr. Henry W. Coe remains editor and will continue to send out one of the most interesting medical publications in the West.

Dr. Frank Billings, Professor of Medicine in the Chicago Medical College, regards appendicitis as an infective disease; it is possible, he says, for such a thing to occur as obstructive appendicitis from a foreign body, but most cases must be regarded as due to infection with a microbe.

Dr. Chas. Warrington Earle, of Chicago, died Nov. 19, of cerebro-spinal meningitis. He was president of the College of Physicians and Surgeons and of the Woman's Medical College and Professor of Obstetrics in both institutions. He was one of Chicago's most prominent practitioners.

The Missouri Valley Medical Association at its annual meeting at Council Bluffs, Sept. 21, elected Dr. A. F. Jonas of Omaha, Neb., president, Dr. A. F. Wright, of Carroll, Iowa, vice-president, Dr. F. S. Thomas, of Council Bluffs, Iowa, secretary. The next meeting will be at Omaha.

Primrose's Ministrels have a new medical joke; a physician in Kansas had a well dug. When it was about completed, he went down into it to inspect the work, and the walls collapsed and buried him. But it served him right, for he ought to have been attending to the sick and let the well alone.

The *Kansas Medical Journal* reports a very satisfactory class in attendance at the Kansas Medical College, Topeka. It should not regret the fact that some students passed the college on their way to schools farther East, with easier requirements for admission. Such students are not desirable acquisitions in any college.

Rush Medical College, Chicago, has just formally opened her new laboratories. The building is 50 by 100 feet, five stories high and cost nearly $100,000. The fifth floor is devoted to practical anatomy, the fourth to museum, the third to chemistry, the second to pathology and bacteriology and the first to physiology. An eight-months' term has been adopted.

Austin Flint praises subgallate of bismuth in ten grain doses as a remedy for dyspepsia.

Dr. D. F. Rodgers, of Topeka, has removed to Los Cerillos, N. M., to become surgeon to the Santa Fe R. R. Hospital.

The Turkish bath, now so popular, was introduced into this country in 1863 by Dr. Charles H. Shepard, of Brooklyn.

Dr. Geo. W. Cale, Professor of Clincal Surgery in the St. Louis College of Physicians and Surgeons, has resigned his professorship.

It seems to be pretty conclusively demonstrated that in the injection of thyroid juice a specific has been found for that grave condition called myxedema.

Dr. Walter B. Dorsett has gone out of the St. Louis College of Physicians and Surgeons, and accepted the chair of Obstetrics in Beaumont Medical College.

Dr. S. A. Rogers, Professor of Anatomy in Memphis Medical College, has moved to Hot Springs, but will continue to deliver his lectures as usual in Memphis.

During the past year 104 persons have been treated at the New York Pasteur Institute. Not one of the patients have manifested any indications of hydrophobia and none have died.

Dr. Emily White has recently received the appointment as Assistant Physician at the Kansas State Insane Asylum at Osawotomie, and Dr. Alice Kilbery at the Topeka institution.

The Medical department of the University of Texas is redeeming itself. It now has more than one hundred and twenty students in attendance. But there are more than five hundred students in the state.

To remove wax from the ears Dr. A. T. Brubaker advises

℞ Potassii carbonatis.....ʒi
Glycerini.....fʒss
Aquae distillat .....fʒiss

M. Sig.—: To be injected into the ear.

A case of actinomycosis was recently sent to Dr. Lanphear, of this city, from the Chickasaw Nation, I. T. This is an extremely rare disease, only seven cases having been recorded in all of France, where medical statistics are carefully kept. Iodide of potassium in large doses is regarded as a specific, even when cervical actinomycotic phlegmon has appeared.

The *Western Dental Journal* calls attention to the fact that there is in Kansas City a diploma mill for the sale of dental diplomas. It is called the Kansas City College of Dental Surgery. It should not be confounded with the Kansas City Dental College nor with the Western Dental College, as each of the latter may be regarded as the equal of any dental college in this country.

The ever-popular *Weekly Medical Review Visiting List* has been received from the publishers, J. H. Chambers & Co., of St. Louis. In addition to the blank space for a year's work there are the usual valuable dose tables, diet lists, poisons and antidotes, etc. It is bound in red morrocco and sells for 75 cents; while cheap it is one of the most substantial and satisfactory visiting lists in the market.

Prof. Parker, at the Clinical Society of London, recently read a paper on the advantages of transverse over vertical incision in suprapubic cystotomy. This manner of incision was first used by Prof. Trendelenburg of Bonn. By its means, as was demonstrated in five operations, it is easier to reach the urinary bladder, open it at the inferior and less mobile part, obtain more chances of primary reunion and secure a more perfect drainage.

In January Dr. J. M. Mathews, Professor of Surgery and Clinical Professor of Diseases of the Rectum in the Kentucky School of Medicine, Louisville, will begin the publication of a quarterly journal, devoted to diseases of the rectum and gastro-intestinal canal. Dr. Mathews has given these subjects especial attention for many years and the new journal will be a review of his life's work—as well as that of other workers in the same line.

The *Medical Age* has a new editor. Like him of the *Medical Standard* he is anonymous.

Sir Andrew Clark, the famous English physician, died Oct. 19th. He was borne in Aberdeen, in 1826.

Dr. D. C. Jones, mayor of Topeka, has been appointed Surgeon to the Soldiers' Home at Leavenworth.

Dr. Joshua Miller, formerly Professor of Orthopædic Surgery in the University Medical College of Kansas City, is now located at Phoenix, Arizona, and is president of the Territorial Medical Society.

Dr. Wm. E. Quine, Professor of Internal Medicine in the Chicago College of Physicians and Surgeons, says that from its inherent nature, appendicitis is, from the beginning to the end of its history, and in every stage of its progress, a surgical ailment.

It seems to be conclusively proven that removal of the spleen causes a temporary loss of the bactericidal power of the blood. After a period ranging from two to four months the microbicidal power is restored, other parts taking on the function of the spleen.

The name of the distinguished Dr. A. Jacobi, of New York, has been proposed for the Professorship of Diseases of Children in the University of Berlin, as a successor to the celebrated Henoch. At present he occupies the same chair in the College of Physicians and Surgeons of New York.

Dr. Wm. Dewees, of Salina, Kas., has recently returned from a long course of private instruction from Joseph Price, E. E Montgomery, Wm. Goodell, B. F. Baer, J. M. Baldy, W. W. Keen, Ernest Laplace, J. Wm. White and other distinguished gynæcologists and surgeons of Philadelphia.

Dr. Chas. Warrington Earle, of Chicago, died Nov. 19th, of cerebro-spinal meningitis. He was president of the College of Physicians and Surgeons and of the Woman's Medical College, and Professor of Obstetrics in both institutions. He was one of Chicago's most prominent practitioners.

Professor Helmholz, the distinguished German physicist and originator of the ophthalmascope, recently visited Kansas City in company with Prof. H. Knapp, the celebrated New York ophthalmologist. A reception in their honor was given by Dr. B. E. Fryer, and was largely attended by the local professsion.

Some very interesting specimens are being exhibited at the meetings of the Jackson County Medical Society. It is a great pity that the meetings are not more fully attended. Can it be possible that the lack of attendance is due to the fact that the discussions are not published and the members thus given an advertisement? It hath been so hinted.

A good story is told on old Dr. Gentry, formerly a resident of Kansas City, now of Chicago—he who waved a microscope slide in the moonlight and caught the baccillus of "La Grippe" and several columns of free advertising in the newspapers. It is said that a certain Chicago clergyman announced from the pulpit that "our dear sister, Mrs. X.. is suffering with a serious and painful illness. She is being cared for by our dear brother Dr. Gentry. *Let us all pray for her safety!*"

Carazzani reports twenty-six cases of soft chancre, treated with the following application:

℞ Hydrate of chloral, grms. 5.
Camphor, grms. 3.
Neutral glycerine, grms. 25.

The cures were effected in periods varying from two to eighteen days. A rapid suppression of the secretion, lessening of the local inflammation, with regeneration of the epithelium, are the advantages which he claims.

Dr. L. B. Graddy, of Nashville, Tenn., (formerly professor of ophthalmology in the Omaha Medical College) in a recent paper declares that ophthalmia neonatorum is in etiology, pathology the same as gonorrhœal ophthalmia or gonorrhœa of the urethra, being produced by the gonnococci—all of these cases are produced by inoculation. Every abnormal discharge, toward the end of pregnancy, should be regarded with suspicion. These cases are inoculated during the washing. He recommended that the lids be washed by a 1 per cent. solution of nitrate of silver which should be left on the lid twelve seconds, after which the eyes should be washed with clean water.

Dr. W. T. Byford has been elected Professor of Gynæcology in the Chicago College of Physicians and Surgeons. One by one the good teachers of that city are being gathered into the faculty; some day the country will awaken to the fact that this school is better prepared to teach medicine and surgery in all its branches than any college east of the Alleghanies. Its five new laboratories are now fully equipped and with instructors who can be excelled by none in the world.

For the relief of myalgia the *Practitioner* prescribes:

℞ Linimenti chloroformi.
Linimenti acorniti.....aa f℥ss.
Tinct. odii.....f℥iij.
Linimenti saponis q. s. ad. f℥iv.
Misce. Sig. To be well rubbed into the painful parts.

At All Saints' Hospital, Dr. A. H. Cordier, assisted by Drs. Griffith and Lanphear, recently opened the abdomen in a case of suppurative peritonitis, found and closed the perforation in the gut, and made an intestinal anastomosis for intussusception (the cause of the perforation). A very large quantity of pus was found and washed away with gallons of water. A Murphy's button was used for the anastomosis. After thorough drainage and careful management recovery has been perfect. In the October number of the *Kansas Medical Journal* Dr. J. C. McClintock, Professor of Surgery in the Kansas Medical College, reports a case of suppurative peritonitis treated by irrigation and drainage, with success. Thus are two more cases added to the already brilliant record of the successful treatment of peritonitis by surgical measures.

Burtscheid (*Deutsche Medicinal Zeitung*) obtains excellent results from salipyrin in excessive menstruation and in menstrual difficulties, even in the climacteric age, when the trouble is not dependent upon severe organic disease of the uterus. When used at the beginning of the period, salipyrin proves superior to preparations of ergot and hydrastis, as it materially reduces the duration and the quantity of the flow. He gives

℞ Salipyrini.....1.0 (gr. xv)
D. tal. dos. xii in capsul. amylac.
S. One three times daily.—*Condensed Extracts.*

For the treatment of comedones Von Hebra advises

℞ Sodii biborat.....℥iss
Alcoholis.....
Glycerini.....
Aquæ rosæ.....aa ℥ij
Misce.—Sig.: Wash the skin with the solution every morning and then apply
℞ Sapo viridis.....℥jss
Spirit. lavandulæ.....f℥iiss
Alcoholis.....f℥ijss
M. Sig.:—Rub into the skin and then wash off with warm water.

Dr. W. S. James, in the *International Journal of Surgery*, recommends the following injection which has given excellent results in a case of chronic gonorrhœa, where sulphate of zinc, nitrate of silver and bichloride of mercury had proved inefficient. He says that he has obtained equally favorable results from this composition in the acute form of this disease.

℞ Acidi borici.....℥iss
Tinct. iodi.....f℥ij
Glycerini.....f℥i
Aquæ destil. q. s. ad.....f℥iv
Misce et Sig.: To be used morning and night.

The *Medical Herald* hits the nail on the head when it remarks in an article on "class discrimination:" Another instance of the practice of false economy in the management of railroad affairs is shown in the refusal of the Rock Island Island passenger department to patronize "class" publications. This corporation argues that the daily press reaches all classes of people, including the professions, and that advertising in medical journals, for instance, is needless expense. This may be "railroad logic," but it is a matter of fact that advertisements in the daily press fall short of their mark when aimed at the ethical professional man, and in consequence, the more enterprising lines, such as the Burlington and Missouri Pacific are carrying the doctors to the society meetings and medical congresses which are so numerous in the fall of the year; besides they are of great benefit to the sanitariums and health resorts along their respective lines. These railway companies reap, in a thousand fold, the benefits from a little seed, sown in proper professional soil, far beyond the pale of the secular press.

THE

KANSAS CITY

MEDICAL INDEX

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READING NOTICES.

Send Twenty Cents in Stamps for *McArthur Pocket Diary*, 1894. "Handiest and most useful little book for the physician that we have seen. Contains doses of drugs including new remedies, a list of disinfectants and how to use them, antidotes for poisons, methods of treating emergencies, an obstetric ready reckoner and other valuable information."—*Brooklyn Medical Journal.*

URETHRAL INFLAMMATIONS AND OVARIAN PAINS:—Dr. I. N. Cohen of La Crosse, Wis., writing, says: "I tried *Sanmetto* in a case of Miss M. B., a blonde, age twenty three years. who had been a sufferer for years with urethral inflammation and ovarian pains. I directed a teaspoonful three times daily, and instructed patient to report as soon as menstruation was over, which she did, saying that this was the first time in five years that she had passed through the mentsrual period without the slightest sign of pain. I ordered her another bottle *Sanmetto* with instructions to continue as before."

IN THE TREATMENT OF NERVOUS DISEASES AND GENERAL DEBILITY, McArthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The Hypophosphites of lime and soda give the much-needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent as they are the effects of a richer blood supply, bringing healthly food and oxygen to the tissue. Thus the patient is gradually brought up to his normal condition,

HABITUAL MISCARRIAGE.—M. D. Makuna, M. R. C. S. Eng., Lic. Med. University' Bombay, 1876, Trebeebut Rhondda Vally, South Wales, says: I have much pleasure in expressing my satisfaction with the results I have obtained by the use of Aletris Cordial One of my patients who had miscarried three times previously, took, Aletris Cordial during the last three months of pregnancy, and was delivered of a fine healthy boy. I ordered it at her own solicitation, as she expressed so much ease and comfort after the use of the first bottle. I am now giving it to two more patients, who have miscarried several times before, and I am in hopes of good results. I consider it a valuable addition to the Pharmacopœia, on account of its anti-spasmodic and nerve-tonic proportions, and I should not like to go without it.

A TOO COMMON AFFRONT TO THE PROFESSION.—About a year since the *Journal of the American Medical Association*, in an editorial article, referred in equalified langauge to the strained relations which it asserted were existing between physician and druggist; the salient cause being the habit of counter prescribing, coupled with the more vicious habit of substituting. Since then, if we may judge from the tone of the bulk of new literature being sent out, the substitution habit is shown to be the one great enemy overtopping all others, to successful medical practice.

We do not mean to assert that all pharmacists are given to the habit. On the contrary we believe a large majority of them to be entirely free from and above suspicion. Still the fact remains that substitution is practiced to such an extent as to engender anxiety and timidity on the part of prescribing physicians

Persistent effort at substitution is but a commendation of the genuine product sought to be imitated, and the practicing physician is quick to recognize the fact. And, once recognizing it, his confidence in the genuine is strengthened, while at the same time he is forced into the unpleasant attitude of maintaining a constant wariness over his prescriptions.

As fairly typifying this condition we give below an extract from a letter from Dr. Bostick, of Galena, written Oct. 24th, 1893, to the Antikamnia Chemical Co. This letter is, by the way, a fair prototype. He says;

"I become dissatisfied some time since with the action, or rather non action, of what I supposed to be Antikamnia. I began to look into the matter and discovered the druggist had been substituting in my perscriptions. I then had him get me tablets which I felt quite sure he, with any appliances he had, could not imitate; since which time I have been entirely satisfied with its action. I am satisfied that much *stuff* is sold and palmed off as Antikamnia, much to the detriment of your article, which has proven so very satisfactory to me. In many cases where quinine is indicated, I cannot prescribe it on account of its action on the brain, unless with Antkamnia, which seems to remove the abjectionabl feature."

The foregoing will surely justify all practitioners, where they may have cause to suspect they are being subjected to any such practices, in insisting upon the perfect integrity of *everything* they specify in their prescriptions. *The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successfully imitated.*—*Courier of Medicine*, Nov., 1893.

PERTURBED NERVOUS FORCES—AN UNSURPASSED COMPOSER AND PAIN-RELIEVER.—The season of pneumonia, typhoid, bronchitis, also the recurring epidemic of influenza, while not so malignant as its predecessor, la grippe, still makes apropos an extract from *The Medical Summary*. It says, in speaking of the action of antikamnia:

"This drug has a well-earned character as an analgesic. It is one of the few among the many claimants for favor that have successfully stood the test of experience. In a case of acute poly-articular rheumatism prominently affecting both knees, where there was great swelling and exquisite tenderness of the articulations, two ten-grain doses at an interval of an hour procured almost complete relief, followed by several hours of restful sleep. This was the more remarkable as after one or two more doses there was comparatively little pain experienced to the close of the attack. For the relief of nervous headache, hemicrania, menstrual neuroses and neuralgias in general, it cannot be over-praised. In the prevailing epidemic of la grippe its usefulness as a pain-reliever and composer of the perturbed nervous forces is unsurpassed. It has become indispensable, and doubtless there is not a physician acquainted with its decisive action who could be induced to dispense with it. Five or ten grains as a commencing dose, then two, three or five grains every three or five hours, will relieve the severest cases, in a few hours causing the splitting cephalalgia, lumbar and general muscular pains and nervous disquietude to vanish. On the whole it abates the fever and subdues the whole assemblage of perturbed activities that distinguish la grippe as no other agent, or combination of agents, has ever done, producing not a single unplesant symptom and leaving no sequelæ. Quinine checks ague, digitalis energizes the drooping heart, ergot promotes uterine contraction, but their action is no more nearly specific than is that of antikamnia in its sphere of usefulness." In line with and supplementary to the foregoing, Hugo Engel, A. M., M. D., late Lecturer on Electro-Therapeutics, Jefferson Medical College, Professor of Nervous Diseases and Clinical Medicine Med-Chir. College, and Consultant in Nervous Diseases at St. Joseph's Hospital, Philadelphia, says: "The remedy has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only *internally*. To stop pain five grains are administered at once; three minutes later the same dose is repeated, and, if necessary, a third dose given three minutes after the second. If ten minutes after the third dose the remedy has had a decided effect, but a little of the pain be remaining, a fourth dose of gr. v may then be administered. In 92 per cent. of all cases it immediately stops the pain.

The following is an excellent prescription in la grippe and painful bronchial catarrh:

℞ Antikamnia, (Genuine)..... .....ʒ ij.
Mist. Glycyrrh, Comp.....ʒ iij.
F. E. Rad. Glycyrrh..... .....ʒ ij.
Vini Rubri Gall..... .....q. s. ft. ʒ vj.
M. Sig.—Two teaspoonfuls every three hours.

For whooping-cough in a child four years old:

℞ Antikamnia, (Genuine).....gr. xxxvj.

Divide in chart, No. xij.

Sig.—At night, one powder every fifteen minutes until three have been taken. Administered in dilute claret, or port or sherry wine.

As an antipyretic from gr. v to gr. x should be given every ten minutes until the temperature has been reduced, or 40 to 50 grains have been taken, when the same dose is repeated at longer intervals, until the desired effect is obtained."

ELIXIR SIX IODIDES

This Elixir is prepared from the Chemically Pure Salts. Results can be looked for from its administration that could not possibly be expected from the Commercial.

FORMULA.

Each fluid drachm contains:

Arsenici Iodidum 1-125 grain, Ferri Iodidum 1-12 grain, Hydrargyri Iodidum 1-125 grain, Manganesii Iodidum 1-10 grain, Potassii Iodidum one grain, Sodii Iodidum one grain, *with Aromatics.*

MEDICAL PROPERTIES.

The greatest *value* of this *combination* is, that it often relieves those *obscure* and *chronic obstructions* to *gland action*, whether of the great glands as the *kidney, liver, pancreas*, or of the *lymphatic system*, which may exert so great an influence for evil on the economy. It seems to continuously increase its gain of confidence of the Medical Profession, as its use is indicated in a wide range of diseases, particularly so in *pernicious anæmia*, many forms of *skin disease*, both *scaly* and *papulary* has remarkable curative effects in *specific diseases* and other manifestations of *systemic infection;* in females suffering from *chronic uterine* and *pelvic diseases*, and in all kindred complaints, where an *alterative* and *tonic* is indicated.

It is the *combination* which is so *remedial*, proving that the *united action of remedies* is often requisite to success when either alone is insufficient.

ELIXIR SIX BROMIDES

Is prepared not from the commercial, but from the chemically Pure Salts.

FORMULA.—Each fluid drachm contains:

Bromide Potassium 5 grains, Bromide Sodium 5 grains, Bromide Ammonium 3 grains, Bromide Calcium 1½ grain, Bromide Lithium ½ grain, Bromide Iron ½ grain WITH AROMATICS.

MEDICAL PROPERTIES.

This preparation is entitled to rank as one of the most valuable therapeutical agents in *quieting non-inflammatory excitement* of the *Reflex Centers* of the *Cord*, of the *Peripheral Afferent Nerves*, of the *Genital Function*, and of the *Cerebrum*. It is particularly valuable in *Epilepsy*, nearly always effecting a permanent cure where the cause is idiopathic, and the patient follows up the treatment closely. In many forms of *Puerperal, Infantile* and *Hysterical Convulsions*, the most happy results follow its use. The *ELIXIR SIX BROMIDES* cannot be overrated in relieving *Nervous Headache, Sleeplessness, Neurasthenia, General Nervous Irritation*, and the various *Functional Disorders*. As a direct means of *diminishing* the *frequency* of *Seminal Emissions* it is of great service. We claim that the ELIXIR SIX BROMIDES, is much LESS DEPRESSANT to the CIRCULATION than if a lesser number of the Bromides were administered, also the Iron it contains gives it the great advantage of not being FOLLOWED—even if its use is LONG CONTINUED—by the SEVERE ANÆMIA that so often follow the use of the Bromides given alone.

ELIXIR SIX HYPOPHOSPHITES

The Hypophosphites are as much of a *FOOD* as a *MEDICINE* for the Nervous System.

Unequaled as a Reconstructive Remedy. Only the Chemically Pure Salts enter into its combination.

FORMULA.

Each fluid ounce contains:

Hypophosphite Iron 2 grains, Hypophosphite Lime 2 grains, Hypophosphite Manganese 1 grain, Hypophosphite Potassium 2 grains, Hypophosphite of Quinine 1 grain, Hypophosphite Strychnine 1-16 grain.

MEDICAL PROPERTIES.

This is one of the few happy combinations, of whose therapeutic value the Physician has always been convinced. The *ELIXIR OF SIX HYPOPHOSPHITES* is not only made from chemically pure salts, but is *pleasant* and *agreeable* to the *taste*, and is most *reliable* and *efficient* in its *action*. This remedy has had a high reputation in *Scrofulous Diseases* and *Defective Nutrition* of the *Nerve Centers*, furnishing *Phosphorus* to the Tissues, thus acting as a *Nervous Stimulant*. As a *Nutrient* and *Restorative* in *Pulmonary Consumption, Bronchitis, Asthma, Dyspepsia, Nervous Exhaustion, General Debility* and *Chronic Wasting Diseases*, it cannot be overestimated, and for the restoration of feeble and exhausted constitutions, whether occurring in infancy or old age, is invaluable.

ELIXIR SIX APERIENS

A *PURE LAXATIVE* made from the fresh-selected Drugs, Suitable for all ages and conditions in Removing Constipation.

FORMULA.

Each fluid ounce (with Aromatics) contains:

Rhamni Purshiani Cortex (Cascara Sagrada) grs. XXX.
Podophyllum Peltatum (May-Apple) grs. XXX.
Taraxacum Officinale (Dandelion) grs. XXX.
Juglans Cinerea (Butternut) grs. XXX.
Cassia Acutifolia (Alexandria Senna) one drachm.
Potassii et Sodii Tartras, (Rochelle Salt) one drachm

There are few disorders that cause so much mischief as **CONSTIPATION.** The **ELIXIR SIX APERIENS** is recommended as a *pleasant, efficient* and *trustworthy* remedy for *obstinate constipation* of the Bowels and the Diseases which attend it, as *Headache, Flatulence, Piles, Liver, Stomach, Intestinal* and *Uterine Troubles*, and the MANY OTHER AILMENTS which the physician can trace to *FÆCAL RETENTION*. Amongst the many advantages this Elixir has, it does not tend to leave the Bowels in a confined state, but strengthens the Muscular Fibres of the Intestines, thereby producing permanent benefit upon the Peristaltic Action of the Bowels. The tendency to griping and nausea produced by the ordinary Cathartic is overcome by this elegant Pharmaceutical Preparation which MOVES THE BOWELS GENTLY WITHOUT PAIN OR OTHER INCONVENIENCE. We attribute its mild and efficient action on the Bowels to the *combination* of the Six well-selected Laxatives.

℞ Physicians when prescribing will please write: ELIXIR SIX original bottle—(*Walker-Green's*) Druggists will please write directions on their own labels.
A full size bottle of either Elixir will be sent to any Physician by express prepaid on receipt of $1.00.

WHOLESALE PRICE PER DOZEN, Iodides, $8; Hypophosphites, $6; Bromides, $6: Aperiens, $4.

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S AND H

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No class of ailments are so annoying and difficult to reach, and yet so prevalent as those affecting the urinary organs.

The remedies that have been popular for many years, such as Buchu, Uva Ursi, Juniper, Cubebs, Acetate of Potassium, etc., do not prove curative, but only either alleviate or render no relief at all.

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(S. & H.)

Superior to any digestive agent produced, for the various disorders of the stomach and bowels incident to a deficiency of the digestive ferments. Composed of **Pepsin, Pancreatin, Vegetable Pytolin, Lactic and Hydrochloric Acids** and **Pure Willow Charcoal.** Try this Compound. S mple mailed free.

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WITH
Bismuth.
(S. & H.)

A combination which is indicated in those forms of dyspepsia complicated with looseness of the bowels and debility of the digestive organs following prolonged sickness.

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